

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/25/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893025
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier F-122-R-3	
Legal Name: State of California		Organizational Unit: Department: CA Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grant and Federal Assistance Branch	
Address: Street: 1812 Ninth Street		RECEIVED JUL - 1 2008 STATE CLEARING HOUSE	
City: Sacramento			
County: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Carolyn	
State: Ca Zip Code 95814		Middle Name	
Country: USA		Last Name Murata	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Suffix:	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Email: cmurata@dfg.ca.gov	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act 15-605		Phone Number (give area code) (916) 445-3559 Fax Number (give area code) (916) 327-6320	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 07/01/2009		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: F-122-R-3 Anadromous Sport Fish Management and Research	
a. Federal \$ 1,636,649.00	b. Applicant \$	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide	
c. State \$ 545,550.00	d. Local \$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$	f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 2,182,199.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative			
Prefix		First Name Carolyn Middle Name	
Last Name Murata		Suffix	
b. Title Manager, Grants Management and Federal Assistance Branch		c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative		e. Date Signed 06/27/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/25/2008	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893024
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-119-R-4

5. APPLICANT INFORMATION		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">JUL - 1 2008</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">STATE CLEARING HOUSE</div>
Legal Name: State of California	Organizational Unit: CA Department of Fish and Game	
Organizational DUNS: 808322358	Department: CA Department of Fish and Game	
Address: Street: 1812 Ninth Street	Division: Grant and Federal Assistance Branch	
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento	Prefix: First Name: Carolyn	
State: Ca Zip Code 95814	Middle Name	Last Name Murata
Country: USA	Email: cmurata@dfg.ca.gov	Suffix:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3559	Fax Number (give area code) (916) 327-6320
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act 15-605	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: F-119-R-4 Central Valley Salmon and Steelhead Angler Survey
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide
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13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 07/01/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,087,147.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 362,382.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 1,449,529.00	

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

a. Authorized Representative		
Prefix	First Name Carolyn	Middle Name
Last Name Murata	Suffix	
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative	e. Date Signed 06-30-08	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/27/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893021
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-49-AE-22

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Fish and Game
Organizational DUNS: 808322358	Division: Grant Management & Federal Assistance
Address: Street: 1812 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: Last Name: Dauterive
City: Sacramento	First Name: Eric
County: Sacramento	Middle Name:
State: CA Zip Code 95614	Last Name: Dauterive
Country: US	Suffix:
	Email: edauterive@dfg.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

Phone Number (give area code) (916) 445-3525 Fax Number (give area code) (916) 327-6320

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605

TITLE (Name of Program): Sport Fish Restoration Act

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aquatic Resource Education Program.

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

13. PROPOSED PROJECT

Start Date: 07/01/2008 Ending Date: 06/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 99

15. ESTIMATED FUNDING:

a. Federal	\$ 2,361,033.00
b. Applicant	\$
c. State	\$ 787,011.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 3,148,044.00

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

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

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes if "Yes" attach an explanation. No

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

a. Authorized Representative

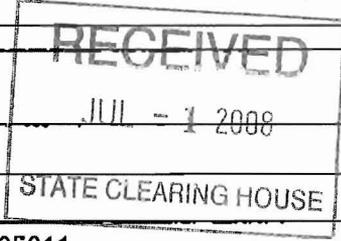
Prefix	First Name Carolyn	Middle Name
Last Name Murata	Suffix	
Title Manager, Grant Management & Federal Assistance Unit	c. Telephone Number (give area code) (916) 445-3539	
Signature of Authorized Representative	e. Date Signed June 27 2008	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/30/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier RO893019
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-4-D-58

5. APPLICANT INFORMATION		Organizational Unit:
Legal Name: State of California		Department: Department of Fish and Game
Organizational DUNS: 808322358		Division: Administration
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento		Prefix: Middle Name
County: Sacramento		First Name: Carolyn
State: CA Zip Code 95811		Last Name: Murata
Country: USA		Suffix:
		Email: cmurata@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3559	Fax Number (give area code) (916) 327-6320
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
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TITLE (Name of Program): Sport Fish Restoration Act	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Annual Application for F-4-D: Stream and Lake Improvement. Segment #58. State fiscal year 08/09.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide - 99
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13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/01/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal \$ 1,974,116.00	
b. Applicant \$	
c. State \$ 658,039.00	
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 2,632,155.00	

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

a. Authorized Representative	
Prefix	First Name Carolyn Middle Name
Last Name Murata	Suffix
b. Title Staff Services Manager I, Supervisor	c. Telephone Number (give area code) (916) 445-3559
d. Signature of Authorized Representative	e. Date Signed June 30, 2008

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U.S. Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-OTHERECH-2008-1

* Title:

COPS FY2008 Technology Program (Tech)

13. Competition Identification Number:

Title:

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

Cities: Campbell, Cupertino, Gilroy, Los Altos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, Sunnyvale, the Towns of Los Gatos and Los Altos Hills,

County: Santa Clara

State: California

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

Santa Clara County Criminal Justice Data Integration Project

Attach supporting documents as specified in agency instructions.

Map

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-011, CA-014, CA-015, CA-016

* b. Program/Project: CA-011, CA-014, CA-015, CA-016

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

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 12/31/2011

18. Estimated Funding (\$):

* a. Federal	<u>1,262,655.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>1,262,655.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Ms. * First Name: Dolores
Middle Name: A.
* Last Name: Carr
Suffix: _____

* Title: District Attorney of Santa Clara County California

* Telephone Number: 408-792-2855

Fax Number: 408-287-5076

* Email: dolorescarr@da.sccgov.org

* Signature of Authorized Representative: *Dolores A Carr* * Date Signed: 6/27/08

Authorized for Local Reproduction

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 25 JUN 08 Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE State Application Identifier	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier
5. APPLICANT INFORMATION		
Legal Name: CITY OF BISHOP	Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 040349987	Division:	
Address: Street: 377 WEST LINE STREET	Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: BISHOP	Prefix:	First Name: DAVID
County: INYO	Middle Name BEAHR	
State: CALIFORNIA	Last Name GRAH	
Zip Code 93514	Suffix: P.E.	
Country: USA	Email: davegrah@ca-bishop.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 98-1895967	Phone Number (give area code) (760) 873-8458	Fax Number (give area code) (760) 873-4873
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)	
Other (specify)	9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER AND WASTEWATER SYSTEMS IMPROVEMENTS	
TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): EASTERN SIERRA AND CITY OF BISHOP, INDIAN CREEK COMMUNITY SERVICES DISTRICTS	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	
Start Date: SUMMER 2009	Ending Date: FALL 2010	a. Applicant 25
15. ESTIMATED FUNDING:		b. Project 25
a. Federal	\$ 3,253,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 24 JUN 08 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 234,900 ⁰⁰	
c. State	\$ 3,019,000 ⁰⁰	
d. Local	\$ ⁰⁰	
e. Other	\$ ⁰⁰	
f. Program Income	\$ ⁰⁰	
g. TOTAL	\$ 6,506,900 ⁰⁰	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix	First Name DAVID	Middle Name BEAHR
Last Name GRAH	Suffix P.E.	
b. Title DIRECTOR OF PUBLIC WORKS	c. Telephone Number (give area code) (760) 873-5458	
d. Signature of Authorized Representative	e. Date Signed	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5624

5a. Federal Entity Identifier:

5624

*5b. Federal Award Identifier:

RECEIVED

JUL - 1 2008

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Western Contra Costa Transit Authority

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

*c. Organizational DUNS:

d. Address:

*Street 1: 601 Walter ave

Street 2: _____

*City: Pinole

County: _____

*State: CA

Province: _____

*Country: USA*Zip / Postal Code 94564

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. *First Name: RobertMiddle Name: John*Last Name: Thompson

Suffix: _____

Title: Transit Planner

Organizational Affiliation:

*Telephone Number: 510-724-3331

Fax Number: 510-724-5551

*Email: rob@westcat.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20500

CFDA Title:

FEDERAL TRANSIT - CAPITAL INVESTMENT GRANT

***12 Funding Opportunity Number:**

5309-2

Title:

FTA 5309

13. Competition Identification Number:

Title:

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

City of Hercules

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

Interstate 80 is Interstate 80 is the primary commuter route to and through West Contra Costa County. The Metropolitan Transportation Commission's (MTC) 1998 Regional Transportation Plan projected that increased population and employment within West County will result in a 42% increases in congestion and travel time on I-80. The Association of Bay Area Governments (ABAG) forecasts that between 1990 and 2010, commuter trips to Contra Costa will increase 33%.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-007	*b. Program/Project: CA-007	
17. Proposed Project:		
*a. Start Date: 10/01/08	*b. End Date: 06/30/10	
18. Estimated Funding (\$):		
*a. Federal	_____	912536
*b. Applicant	_____	0
*c. State	_____	0
*d. Local	_____	228134
*e. Other	_____	
*f. Program Income	_____	0
*g. TOTAL	_____	1140670
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>07/01/08</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr _____	*First Name: Robert _____	
Middle Name: John _____		
*Last Name: Thompson _____		
Suffix: _____		
*Title: Transit Planner		
*Telephone Number: 510-724-331	Fax Number: 510-724-5551	
* Email: rob@westcat.org		
*Signature of Authorized Representative: <i>Robert Thompson</i>		*Date Signed: 07/01/08

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/27/2008	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication Construction Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California State Coastal Conservancy		Organizational Unit: Department: Central Coast Region	
Organizational DUNS: 808322408		Division: Monterey Bay Area	
Address: Street: 1330 Broadway, Suite 1300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland		Prefix: Ms.	First Name: Laura
County: Alameda		Middle Name:	
State: CA		Last Name: Engeman	
Zip Code: 94612-2350		Suffix:	
Country: USA		Email: lengeman@scc.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone number (give area code): 831-688-4095	FAX number (give area code): 831-286-0470
9 4 - 3 1 6 4 9 6 8			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) <input type="checkbox"/> <input type="checkbox"/> Other (specify) This is an implementation project. Not technically construction.		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: National Coastal Wetlands Conservation Grant Program		9. NAME OF FEDERAL AGENCY US Dept. of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Cruz County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Freedom Lake Restoration Project	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 5-1-2009	Ending Date 11-1-2012	a. Applicant 9th	b. Project 17th
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 690,000 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE: 6-27-08	
c. State	\$ 131,000 .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 131,000 .00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$ 0 .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 952,000 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Samuel	Middle Name	
Last Name Schuchat	Suffix		
b. Title Executive Officer	c. Telephone number (give area code) 510 286-1015		
d. Signature of Authorized Representative	e. Date Signed June 26, 2008		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 30, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Pit River Tribe	Organizational Unit: Department: Pit River Tribe Housing Board
Organizational DUNS: 153041538	Division: Indian Housing
Address: Street: 37118 Main Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
City: Burney	First Name: Allen
County: Shasta	Middle Name: Evans
State: CA	Last Name: Lowry
Zip Code: 96013	Suffix:
Country: USA	Email: prthousing@frontiernet.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 2 4 2 4 1 5 3

Phone Number (give area code) 530-335-4809	Fax Number (give area code) 530-335-4849
---	---

8. TYPE OF APPLICATION:
 New **Continuation** **Revision**
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Small community water system for Pit River tribal housing at XL Ranch in Modoc County, CA.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
XL Ranch in Modoc County, CA

13. PROPOSED PROJECT
Start Date: 4/1/09 Ending Date: 10/30/10

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: John Doolittle-District 4 b. Project: John Doolittle-District 4

15. ESTIMATED FUNDING:

a. Federal	\$	691,784 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	784 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Mr.	First Name Allen	Middle Name Evans
Last Name Lowry	Suffix	
b. Title Housing Coordinator	c. Telephone Number (give area code) 530-335-4809	
d. Signature of Authorized Representative <i>Ally Lowry</i>	e. Date Signed 6/30/08	

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

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

1. TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 0471200840000

* Legal Name: The Regents of the University of California

Department: Land, Air and Water Resources Division: Atmospheric Science

* Street1: One Shields Avenue Street2:

* City: Davis County: Yolo * State: CA: California

Province: Country: UNITED STATES * ZIP / Postal Code: 95616



Person to be contacted on matters involving this application

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

* Phone Number: 530-747-3919 Fax Number: 530-747-3929 Email: maturner@ucdavis.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

946036494

7. TYPE OF APPLICANT:

H; Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es):

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

D. Decrease Duration E. Other (specify)

Other (Specify):

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged

* Is this application being submitted to other agencies? Yes No

What other Agencies?

9. NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Program for Climate Model Diagnosis and Intercomparison: 20th Anniversary Symposium

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

N/A

13. PROPOSED PROJECT:

* Start Date: 10/01/2008 * Ending Date: 06/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-001 b. * Project: CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: Visiting Researcher * Organization Name: The Regents of the University of California

Department: Land, Air and Water Resources Division: Atmospheric Science

* Street1: One Shields Avenue Street2:

* City: Davis County: Yolo * State: CA: California

Province: Country: UNITED STATES * ZIP / Postal Code: 95616

* Phone Number: 707-373-5764 Fax Number: Email: jpotter@ucdavis.edu

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	66,310.63	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	66,310.63	DATE:	07/02/2008
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

19. Authorized Representative

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

Bernadine Smith

* Position/Title: Contract and Grant Officer * Organization: The Regents of the University of California

Department: Sponsored Programs Division: Office of Research

* Street1: 1850 Research Park Dr. Street2: Suite 300

* City: Davis County: Yolo * State: CA: California

Province: * Country: UNITED STATES * ZIP / Postal Code: 95618

* Phone Number: 530-747-3908 Fax Number: 530-747-3929 * Email: bersmith@ucdavis.edu

* Signature of Authorized Representative * Date Signed

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	*Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: <u>Environmental Health Coalition</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-3798792</u>		*c. Organizational DUNS: <u>615170628</u>
*d. Address:		
*Street 1: <u>401 Mile of Cars Way, Suite 310</u>		
Street 2: _____		
*City: <u>National City</u>		
County: <u>San Diego</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>U.S.A.</u>		
*Zip / Postal Code <u>91950</u>		
*e. Organizational Unit:		
Department Name:		Division Name:
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____ *First Name: <u>Diane</u>		
Middle Name: _____		
*Last Name: <u>Takvorian</u>		
Suffix: _____		
Title: <u>Executive Director</u>		
Organizational Affiliation <u>Environmental Health Coalition</u>		
*Telephone Number: <u>(619) 474-0220</u> Fax Number: <u>(619) 474-1210</u>		
*Email: <u>DianeT@environmentalhealth.org</u>		



Application for Federal Assistance SF-424

Version 02

*9. Type of Applicant 1: Select Applicant Type: M - Nonprofit with 501C3 IRS status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency: U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

_____ 66.04

CFDA Title:

*12 Funding Opportunity Number:

_____ EPA-OECA-OEJ-08-01

*Title: Environmental Justice Small Grants Program

13. Competition Identification Number:

Title: _____

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

National City, San Diego County, California

*15. Descriptive Title of Applicant's Project:

Turning the National City Public Works Yard into a Public Benefit

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 51 *b. Program/Project: 51

17. Proposed Project:

*a. Start Date: 10/1/08 *b. End Date: 9/30/09

18. Estimated Funding (\$): 25,000

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on June 30, 2008
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

Yes No

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

I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Diane
Middle Name: _____
*Last Name: Takvorian
Suffix: _____

*Title: Executive Director

*Telephone Number: (619) 474-0220

Fax Number: (619) 474-1210

* Email: DianeT@environmentalhealth.org

*Signature of Authorized Representative: Diane Takvorian

*Date Signed: June 30, 2008

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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-04-0085
Budget Number:	1 - Budget Pending Approval
Project Information:	Bus purchase and pass/ped improvements

RECEIVED

JUL - 3 2008

STATE CLEARING HOUSE

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$2,187,815
Project Number:	CA-04-0085	Adjustment Amt:	\$0
Project Description:	Bus purchase and pass/ped improvements	Total Eligible Cost:	\$2,187,815
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,391,313
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total State Amt:	\$0
Recipient Contact:	Richard Christie (213) 922-6022	Total Local Amt:	\$796,502
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5309-2	S.C. Eff. Date:	None Specified
State Appl. ID:	None Specified	Est. Oblig Date:	None Specified
Start/End Date:	Sep. 29, 2008 - Jun. 21, 2011	Pre-Award Authority?:	Yes
Recvd. By State:		Fed. Debt Authority?:	No
EO 12372 Rev:	Not Applicable	Final Budget?:	No
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		

Program Page:	8,12,13
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman

Project Details

Additional buses, passenger/pedestrian and bus stop improvements for a hospital and a university.

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application number CA-04-0085 on behalf of the City of Glendale, Cedars Sinai Medical Center and California State University at Northridge as sub grantees for \$435,347 in FY2006, \$458,864 in FY2007, \$497,102 in FY2008 for a total of \$1,391,313 in Section 5309 Bus and Bus-Related Facilities federal assistance as follows:

1. The acquisition of two (2) CNG additional buses for the City of Glendale with funding of \$87,945 for FY2006, \$92,696 for FY2007 and \$100,420 for FY 2008 for a total of \$281,061(SAFETEA-LU 1).
2. Passenger and pedestrian enhancements at Cedars Sinai Medical Center (Cedars) with funds of \$285,536 for FY2006, \$300,960 for FY2007 and \$326,040 for FY2008 for a total of \$912,536 (SAFETEA-LU 121).
3. Passenger and system enhancements and improvements to the tram system at California State University at Northridge (CSUN) with funding of \$61,866 for FY2006, \$65,208 for FY2007 and \$70,642 for FY 2008 for a total of \$197,716 SAFETEA-LU 443).

Glendale

The City of Glendale is geographically located about ten miles northwest of downtown Los Angeles at the gateway to the San Fernando Valley, within Los Angeles County, California. The City of Glendale is bordered on the north by the City of La Canada-Flintridge and an unincorporated area of Los Angeles County commonly known as La Crescenta, to the east by the

City of Pasadena, to the south by the City of Los Angeles, and to the west by the City of Burbank.

The City has a population of about 210,000. The population is ethnically diverse with median incomes slightly higher than the average for the County of Los Angeles. The City is well developed with significant retail activity and housing consisting of many single family houses with a mix of apartments and rental units. Several large corporations have offices in Glendale. The City also has a number of small manufacturing and industrial sites.

The City of Glendale plans to purchase two (2) additional buses to be used on the City's fixed route transit system called the Beeline. The buses will be 40 foot low floor, handicapped accessible CNG vehicles estimated to cost \$400,000 each. The Beeline operates nine (9) fixed routes from 6:00 am to 6:30 pm on weekdays. There are seven (7) lines that operate on Saturdays from 9:00 am to 5:00 pm and three (3) lines on Sunday with service from 9:00 am to 5:00 pm. Most of the lines operate within the City only, but some service is provided to nearby La Canada Flintridge, La Crescenta and Montrose.

Transit operations are provided under contract by MV Transportation. MV transit employees are represented by Teamsters Local 848.

The sub recipient, project manager and transit operations and labor union information are as follows:

Sub recipient information:

CITY OF GLENDALE
633 EAST BROADWAY
ROOM 300
GLENDALE, CA 91206-4384
(818) 548-3960 FAX (818) 409-7027

Project manager information:

Fred Zohrehvand
City of Glendale
633 E. Broadway, Room 300
Glendale, CA 91206-4384
Phone (818) 548-3960 x 8376
FAX (818) 409-7027
Email fzohrehvand@ci.glendale.ca.us

Sub recipient transit union:

MV TRANSPORTATION
1242 LOS ANGELES STREET
GLENDALE, CA 91204
(818) 409-3380 FAX (818) 548-4182
General Manager, Jesse Saavedra

The City of Glendale is located in California Congressional District 29: District Official: Adam Schiff.

Cedars Sinai Medical Center

Cedars Sinai Medical Center (Cedars) is located in the City of Los Angeles, California about 10 miles west of the Central Business District of the City of Los Angeles in Los Angeles County, California. It was founded in 1961 and is the largest private hospital in California with approximately 900 beds. More than 1,800 physicians in virtually all medical specialties are affiliated with Cedars. They join more than 8,000 employees and 2,000 volunteers. The hospital treats approximately 50,000 inpatients and 200,000 outpatients annually.

The area around Cedars is bounded on the north by City of West Hollywood, on the east and south by City of Los Angeles, and on the west by the City of Beverly Hills. All the surrounding areas are characterized by a mix of high rise offices, businesses, apartments and some single family dwellings.

Funds being requested by Cedars will be used for part of the Campus-wide plan through which Cedars is working to improve pedestrian safety and increase the usability of nearby public transit. To this end, Cedars is working to create consolidated and useful transit stops; install visual cues through signage, landscaping, paving; building coloration and barriers that will emphasize safe pedestrian pathways and building entrances, as well as discourage unsafe pedestrian behavior.

Cedars has been coordinating with local transit providers to reroute lines around the perimeter of the campus. Stops will be consolidated near the San Vicente/Beverly intersection. Additional information will be provided at these stops to help visitors to access the appropriate portion of the medical center and return to the correct transit location to access the right transit line. The safest and most direct paths to and from these new transit stops to the various portions of Cedars will need to be clearly identifiable. Measures to reduce pedestrian and vehicle conflicts through consolidated pedestrian crossings of streets, traffic calming measures to reduce vehicle speed, and visual cues to drivers of pedestrian crossing areas are also envisioned. In total these improvements will increase the pedestrian safety and usability of the streets around the campus.

The sub recipient and project manager information are as follows:

Sub recipient information:
Cedars-Sinai Medical Center
8700 Beverly Blvd.
Los Angeles, Ca. 90048
Phone (310) 423-3277

Project manager information:
Patrick Barton
6500 Wilshire Boulevard
Los Angeles, Ca. 90048
Phone (323) 866-7874
FAX (323) 866-7887

Cedars Sinai Medical Center is located in California Congressional District 30: District Official: Henry Waxman.

California State University at Northridge
California State University at Northridge (CSUN) is located in the community of Northridge within the City of Los Angeles, Los Angeles County, Ca. CSUN is in the far northwest part of the San Fernando Valley about 25 miles from the Los Angeles Central Business District in Los Angeles County, California. The area is bordered by the communities of Granada Hills, Chatsworth, Sylmar, North Hills and Canoga Park. The area is largely residential with many single family homes as well as apartments. There are some light industrial areas as well as shopping, offices and commercial development.

CSUN was founded in 1956 and has about 24,000 full and 11,000 part time students. CSUN offers four (4) year degrees and well as graduate degrees in a variety of disciplines.

Funds being requested by CSUN will be used to provide improvements to the tram system which connect CSUN's intra campus transit system with Metro and other mass transit services. The

scope of work will include lighting along tram routes and at stops, covered pedestrian shelters, improvements to pedestrian and tram route paving and related landscape improvements.

California State University ad Northridge is located in California Congressional Districts 27 and 28: District Officials: Brad Sherman and Howard Berman respectively.

All funds are programmed within the currently approved FTIP.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Total - \$1,391,313.

The required FY2008 Certifications and Assurances have been electronically filed in TEAM.

All DOL Application Checklist requirements have been addressed.

Letter of No Prejudice authority was approved by FTA for Cedars Sinai Medical Center in September 2007 in the amount of \$326,040 for FY2008 and \$338,580 for FY2009 for a total of \$664,620.

On May 1, 2008 the City of Glendale requested LONP authority for \$104,283 in FY2009 funds. On May 15, 2008, CSUN requested LONP authority for \$73,359 of FY2009 funds.

Earmarks

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
E2006-BUSP-096	Glendale, CA Purchase of CNG	\$87,945	\$87,945
E2006-BUSP-111	Los Angeles County Metropoli	\$61,866	\$61,866
E2006-BUSP-116	Los Angeles, CA Improve tran	\$285,536	\$285,536
E2007-BUSP-0068	Glendale, CA Purchase of CNG	\$92,696	\$62,696
E2007-BUSP-0074	Los Angeles County Metropoli	\$65,208	\$65,208
E2007-BUSP-0078	Los Angeles, CA Improve tran	\$300,960	\$300,960
E2008-BUSP-0068	Glendale, CA Purchase of CNG	\$100,420	\$100,420
E2008-BUSP-0074	Los Angeles County Metropoli	\$70,642	\$70,642
E2008-BUSP-0078	Los Angeles, CA Improve tran	\$326,040	\$326,040

Number of Earmarks: 9

Total Amount Applied: \$1,361,313

Date Sent for Release:

Date Released:

Security

No information found.

Part 3: Budget

Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	2	\$281,061.00	\$800,000.00
<u>ACTIVITY</u>			
11.13.01 BUY 40-FT BUS EXPAN (LAEO001A, Glen.)	2	\$281,061.00	\$800,000.00
<u>SCOPE</u>			
113-00 BUS - STATION/STOPS/TERMINALS	2	\$1,110,252.00	\$1,387,815.00
<u>ACTIVITY</u>			
11.33.01 CONS - BUS TERM (Cedars, LAEO121)	1	\$912,536.00	\$1,140,670.00
11.33.03 TERM, INTERMOD (CSUN, LAEO443)	1	\$197,716.00	\$247,145.00
Estimated Total Eligible Cost:			\$2,187,815.00
Federal Share:			\$1,391,313.00
Local Share:			\$796,502.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.13.01	BUY 40-FT BUS EXPAN (LAEO001A, Glen.)	Compressed Natural Gas
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Extended Budget Descriptions

11.13.01	BUY 40-FT BUS EXPAN (LAEO001A, Glen.)	2	\$281,061.00	\$800,000.00
----------	--	---	--------------	--------------

City of Glendale, Los Angeles County, Ca. (LAEO001A).

The City of Glendale plans to purchase two (2) expansion buses to be used on Glendale's transit system called the Beeline. The buses will be 40 foot low floor, handicapped accessible CNG vehicles estimated to cost \$400,000 each. The Beeline operates nine (9) fixed routes from 6:00 am to 6:30 pm on weekdays. There are seven (7) lines that operate on Saturdays from 9:00 am to 5:00 pm and three (3) lines on Sunday with service from 9:00 am to 5:00 pm. Most of the lines operate within the City only, but some service is provided to nearby La Canada Flintridge, La Crescenta and Montrose.

The buses are operated and maintained by a private contractor whose employees are represented by a union. The contractor and union information is as follows:

MV Transportation Inc.
1242 Los Angeles Street
Glendale, Ca. 91204
General Manager: Jesse Saavedra
Phone (818) 409-3380
FAX (818) 548-4182

Some funds may also be used for management and administration of the grant.

The City will use Proposition A funds as the local match.

11.33.01	CONS - BUS TERM (Cedars, LAEO121)	1	\$912,536.00	\$1,140,670.00
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Cedars Sinai Medical Center, City of Los Angeles, County of Los Angeles, Ca (LAEO121).

Funds being requested by Cedars will be used for as part of the Campus-wide plan through which Cedars is working to improve pedestrian safety and increase the usability of nearby public transit. To this end, Cedars is working to create consolidated and useful transit stops; install visual cues through signage, landscaping, paving; building coloration and barriers that will emphasize safe pedestrian pathways and building entrances, as well as discourage unsafe pedestrian behavior.

Cedars has been coordinating with local transit providers to being reroute lines around the perimeter of the campus. Stops will be consolidated near the San Vicente/Beverly intersection. Additional information will be provided at these stops to help visitors to access the appropriate portion of the medical center and return to the correct transit location to access the right transit line. The safest and most direct paths to and from these new transit stops to the various portions of Cedars will need to be clearly identifiable. Measures to reduce pedestrian and vehicle conflicts through consolidated pedestrian crossings of streets, traffic calming measures to reduce vehicle speed, and visual cues to drivers of pedestrian crossing areas are also envisioned. In total these improvements will increase the pedestrian safety and usability of the streets around the campus.

Some funds may also be used for management and administration of the grant.

Cedars will use operating funds for the local match.

11.33.03	TERM, INTERMOD (CSUN, LAEO443)	1	\$197,716.00	\$247,145.00
<p>California State University at Northridge (CSUN), City of Los Angeles, Los Angeles County, Ca. (LAEO443).</p> <p>Funds being requested by CSUN will be used to provide improvements to the existing and future tram routes which connect CSUN's inter campus transit system with Metro and other mass transit services. The scope of work will include expanding the tram route within the campus, lighting along the routes and at stops, covered pedestrian shelters including one (1) at each end of the system , improvements to pedestrian and tram route paving and related landscape improvements.</p> <p>The improvements will make use of the system easier and provide better linkages to nearby public transit and major facilities within the campus.</p> <p>Some funds may also be used for management and administration of the grant.</p> <p>The University will use general funds for the local match.</p>				

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.13.01 BUY 40-FT BUS EXPAN (LAEO001A, Glen.) 2 \$281,061 \$800,000

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB OUT FOR BID	Mar. 14, 2009
2.	CONTRACT AWARDED	May. 14, 2009
3.	FIRST VEHICLE DELIVERED	Dec. 17, 2009
4.	ALL VEHICLES DELIVERED	Mar. 04, 2010
5.	CONTRACT COMPLETE	Jul. 22, 2010

11.33.01 CONS - BUS TERM (Cedars, LAEO121) 1 \$912,536 \$1,140,670

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (Cedars)	Dec. 03, 2008
2.	Contract Award	Mar. 14, 2009
3.	Construction Begins	Apr. 21, 2009

4.	Construction Complete	Apr. 21, 2011
5.	Contract Complete	Jun. 21, 2011

11.33.03 TERM, INTERMOD (CSUN, LAEO443) 1 \$197,716 \$247,145

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (CSUN)	Sep. 29, 2008
2.	Contract Award	Nov. 17, 2008
3.	Construction Begins	Dec. 15, 2008
4.	Construction Complete	Sep. 15, 2010
5.	Contract Complete	Nov. 15, 2010

Part 5. Environmental Findings

113301 CONS - BUS TERM (Cedars, LAEO121) 1 \$912,536 \$1,140,670

Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

Finding Details: Ceders Sinai Medical Center will be making the making the campus more accessible to those who wish to use nearby public transit.

113303 TERM, INTERMOD (CSUN, LAEO443) 1 \$197,716 \$247,145

Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

Finding Details: CSUN will be making improvements to its trams system that will make it more convenient for people to use and to improve the interface to nearby bus and

rail.

111301 BUY 40-FT BUS EXPAN
(LAEO001A, Glen.) 2 \$281,061 \$800,000

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

Part 6: Fleet Status

Fixed Route

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	28	2	30
	B. Spares	6	0	6
	C. Total (A+B)	34	2	36
	D. Spare Ratio (B/A)	21.43%	0.00%	20.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	34	2	36

The City of Glendale will be purchasing two (2) additional 40 foot low floor CNG buses to be used in its fixed route system, the Beeline. With annual ridership of approximately 2.3 million passengers, the Beeline primarily functions as a community circulator system that complements the regional transit service provided to Glendale residents by Metro.

The Beeline operates nine (9) fixed routes from 6:00 am to 6:30 pm on weekdays. There are seven (7) lines that operate on Saturdays from 9:00 am to 5:00 pm and three (3) lines on Sunday with service from 9:00 am to 5:00 pm. Most of the lines operate within the City only, but some service is provided to nearby La Canada, Flint-ridge, La Crescenta and Montrose.

The cash fare for the service is \$.25 for the general public and \$.15 for seniors and the disabled. The annual cost of the operation is approximately \$6.2 million per year. The fare box recovery ratio is about 8 percent with the difference coming from Proposition A and Proposition C funds.

The current fleet consists of 34 buses, 30 of which are CNG. There are four (4) diesel buses in

the fleet. The new buses will be 40 foot low floor, handicapped accessible CNG vehicles estimated to cost \$400,000 each.

The buses are operated and maintained by a private contractor whose employees are represented by a union. The information is all follows:

MV Transportation
1242 Los Angeles St.
Glendale, CA 91204
(818) 409-3380 FAX (818) 548-4182

General Manager, Jesse Saavedra

The City of Glendale expects to sign a contract for the purchase of the buses early in 2009 and complete the acquisition in late 2009. Proposition A and Proposition C funds will be used for the local match of the purchase of the buses.

Part 7. FTA Comments

No information found.

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-04-0077
Budget Number:	1 - Budget Pending Approval
Project Information:	Bus Stop and Pass/Pedestrian Improvement

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Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,613,236
Project Number:	CA-04-0077	Adjustment Amt:	\$0
Project Description:	Bus Stop and Pass/Pedestrian Improvement	Total Eligible Cost:	\$1,613,236
		Total FTA Amt:	\$1,290,589
Recipient Type:	Transit Authority	Total State Amt:	\$0
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total Local Amt:	\$322,647
Recipient Contact:	Richard Christie	Other Federal Amt:	\$0
New/Amendment:	None Specified	Special Cond Amt:	\$0
Amend Reason:	Initial Application		
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5309-6	S.C. Eff. Date:	None Specified
State Appl. ID:	None Specified	Est. Oblig Date:	02-Jun-2008
Start/End Date:	Jun. 30, 2008 - Jun. 15, 2009	Pre-Award Authority?:	Yes
Recvd. By State:		Fed. Debt Authority?:	No
EO 12372 Rev:	Not Applicable	Final Budget?:	No
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	12,29,35		

Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	27	Brad Sherman
6	28	Howard L Berman
6	39	Linda T Sanchez

Project Details

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application number CA-04-0077 on behalf of Los Angeles Valley College, the City of Lakewood, and Los Angeles Mission College as sub grantees, requesting \$1,186,089 in FY2006, \$50,160 in FY2007 and \$54,340 in FY2008 Section 5309 Bus and Bus-Facilities federal assistance for a total of \$1,290,589 as follows:

1. Los Angeles Valley College bus station extension: Funding of \$742,500 for FY2006. TIP: LAEO358
2. City of Lakewood, bus stop improvements and shelters: Funding of \$396,000 for FY2006. TIP:LAOF019
3. Los Angeles Mission College: Funding of \$47,589 for FY 2006, \$50,160 for FY2007 and \$54,340 for FY2008 for a total of \$152,089. TIP: LAEO388A

All funds are programmed within the currently approved FTIP.

(1.) Los Angeles Valley College (Valley College) is a community college located in the Valley Glen area of the City of Los Angeles in Los Angeles County, California. It is about 15 miles northwest of the Central Business District of the City of Los Angeles. It has a student body of approximately 16,000 students full and part-time.

Valley College is bounded to the north by Panorama City, to the south by Studio City, to the east by North Hollywood, and to the west by Sherman Oaks. The areas are mostly residential with small businesses and light industrial areas.

Funds are being requested by Valley College to continue the construction of a Transit Connector that will extend the nearby bus stations to the campus. The newly-developed Master Plan for the College capitalizes on the bus stations at Burbank and Fulton as major access and egress points

for the campus. The Transit Connector is intended to make the use of public transportation easier and more attractive. There are stops for Metro and DASH lines immediately adjacent to the campus at these locations.

This is the second phase of a multi-phase project that will improve pedestrian and public transit passenger access to the campus from all directions. The project was begun with funds from CA-03-0783.

Bond funds will be used for the local match. In 2001 voters approved legislation providing \$1.245 billion for Los Angeles Community College District improvements and new construction. The voters approved an additional \$980 million in 2003.

This project will occur within California Congressional District 28: District Official: Howard Berman

The sub recipient and Project Manager information is as follows:

Sub recipient Information
Los Angeles Valley College
5800 Fulton Avenue
Valley Glen, Ca. 91401-4096

Project Manager
Rinaldo Veseliza
Los Angeles Valley College
5800 Fulton Avenue
Valley Glen, Ca. 91401-4096
(818) 756-0953 Telephone
(818) 756-0951 FAX

(2). The City of Lakewood (City) is located about 20 miles southeast of the City of Los Angeles in Los Angeles County, California. It is bordered to the north by the City of Paramount, to the south by the City of Signal Hill, to the east by the cities of Cerritos and Cypress and to the west by the cities of Torrance and Carson. It has a population of approximately 80,000 people. The City is well developed with many single family homes, some multiple family homes, some commercial development and some light industrial development.

Funds are being requested by the City to improve bus stops within the City. The improvements will consist of purchasing shelters and trash receptacles for about 15 stops, benches and receptacles for about 90 stops and trash receptacles for about 20 other stops. These stops service lines from Metro, Orange County Transit and Long Beach Transit.

The sub recipient and Project Manager information is as follows:

City of Lakewood
5050 Clark Avenue
Lakewood, California 90712
Phone (562) 866-9771, extension 2502
Fax (562) 866-0505
Project Manager: Max Withrow

This project will occur within California Congressional District 39: District Official:
Congresswoman Linda T. Sanchez

(3.) Los Angeles Mission College (Mission College) is a community college located in the Sylmar section of the City of Los Angeles, in Los Angeles County, California about 25 miles northwest of

the City of Los Angeles' Central Business District. It is in the in the extreme northwest part of the San Fernando Valley. Mission College has a student body of approximately 10,000 students full and part-time. The College offers basic college level instruction that can lead to an associate of arts degree in a variety of disciplines or for college credits to be used towards a four (4) year degree elsewhere.

Sylmar is bounded on the north and the east by the San Gabriel Mountains, to the south by the City of San Fernando and to the west by the community of Granada Hills.

The area is well developed with many single family homes and some multi-family housing. There are a number of smaller businesses, restaurants and office complexes. The area is, however, primarily residential.

Funds are being requested by Mission College to construct a new pedestrian plaza and gateway entrance to the campus that would better connect the campus to a nearby Metro bus stop.

The project consists of creating an entry plaza to the College campus at the corner of Eldridge Avenue and Hubbard Street and a direct pedestrian route to a nearby Metro bus stop. The pedestrian pathways from the entrance and the bus stop will provide safe and handicapped accessible access to and from the center of the campus to the community via the two (2) prime entry points. The pedestrian path ways will feature drought resistant landscaping, irrigation, lighting and benches. The enhancements will play a key role in visually and physically tying the center of the campus to the surrounding streets and the bus stop.

This is the first part of a multi-phase project that eventually will include bus shelters and signage.

Bond funds will be used for the local match. In 2001 voters approved legislation providing \$1.245 billion for Los Angeles Community College District improvements and new construction. The voters approved an additional \$980 million in 2003.

Sub recipient Information
Los Angeles Mission College
13356 Eldridge Ave.
Sylmar, Ca. 91342

Project Manager
Nick Quintanilla
Los Angeles Mission College
13356 Eldridge Ave.
Sylmar, Ca. 91342
(818) 367-7236 Telephone
(818)367-4607 FAX

This project will occur within California Congressional District 27: District Official: Brad Sherman

Los Angeles Mission College will be requesting Letter of No Prejudice authority in the amount of \$54,340 in 2009 funds.

Earmarks

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount
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			Applied
E2006-BUSP-104	Lakewood Bus Stop Improvemen	\$396,000	\$396,000
E2006-BUSP-112	Los Angeles Valley College B	\$742,500	\$742,500
E2006-BUSP-190	Sylmar, CA Los Angeles Missi	\$47,589	\$47,589
E2007-BUSP-0130	Sylmar, CA Los Angeles Missi	\$50,160	\$50,160
E2008-BUSP-0130	Sylmar, CA Los Angeles Missi	\$54,340	\$54,340

Number of Earmarks: 5

Total Amount Applied: \$1,290,589

Date Sent for Release:

Date Released:

Security

No information found.

Part 3: Budget

Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
113-00 BUS - STATION/STOPS/TERMINALS	3	\$1,290,589.00	\$1,613,236.00
<u>ACTIVITY</u>			
11.33.01 CONST - BUS TERM (Valley) LAOD358	1	\$742,500.00	\$928,125.00
11.32.10 ACQ - BUS PASS/SHELT (Lake) LAOF019	1	\$396,000.00	\$495,000.00
11.33.01 CONST - BUS TERM(Msn) LAEO388A	1	\$152,089.00	\$190,111.00
Estimated Total Eligible Cost:			\$1,613,236.00
Federal Share:			\$1,290,589.00
Local Share:			\$322,647.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

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Extended Budget Descriptions

113-00	BUS - STATION/STOPS/TERMINALS	3	\$1,290,589.00	\$1,613,236.00
Bus stop improvements and passenger and pedestrian improvements at three (3) locations within Los Angeles County.				
11.33.01	CONST - BUS TERM (Valley) LAOD358	1	\$742,500.00	\$928,125.00
LAOD358 (Valley College, Valley Glen, Los Angeles County, Ca.)				
These section 5309 funds will be used by Los Angeles Valley College to improve pedestrian movement between local public transit stops and the campus through the construction of a Transit Connector.				
The newly-developed Master Plan for the College capitalizes on the bus station at Fulton as a major access and egress point for the campus. There are stops for Metro and DASH lines immediately adjacent to the campus at this location.				
Elements of the Transit Connector include:				
<ul style="list-style-type: none">• A new entry zone at the west of the campus featuring drought-tolerant landscaping with irrigation, hardscape and a bus shelter at the Fulton entrance.• A new tree-shaded and landscape-buffered walkway affording a safe and traffic free route between the bus station and the center of the campus.• A new landscaped arrival zone with new irrigation and pedestrian-scale lighting for safe passage in the evening along the walkway.• Parking improvements adjacent to the new pedestrian walkway through the existing parking lot.• An electronic marquee sign marking the entrance from the corner near the bus way into the campus.				
Total funding for this Project will be \$1,535,500 of which \$1,228,388 will be Section 5309 funds.				
Bond funds will be used for the local match of \$307,112. In 2001 voters approved \$1.2 billion for Los Angeles Community College District modernization and improvements. They approved an additional \$980 million in 2003. These funds have been distributed among the campuses.				
Some funds may be used for administration and management of the grant.				
11.32.10	ACQ - BUS PASS/SHELT (Lake)	1	\$396,000.00	\$495,000.00

LAOF019			
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LAOF019 (City of Lakewood, Los Angeles County, CA.)

Funds are being requested by the City of Lakewood improve bus stops within the City. The improvements will consist of installing shelters at 22 stops, benches and receptacles at 54 stops and upgrading trash receptacles at 32 stops. These stops service lines from Metro, Orange County Transit and Long Beach Transit.

The additional amenities will make the stop more comfortable and attractive for the public and transit users.

The City will use Proposition C local return funds as the local match.

Some funds may be used for administration and management of the grant.

11.33.01	CONST - BUS TERM(Msn) LAEO388A	1	\$152,089.00	\$190,111.00
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Los Angeles Mission College, City of Los Angeles, County of Los Angeles, Ca. LAEO388A

The project consists of creating an entry plaza to the College campus at the corner of Eldridge Avenue and Hubbard Street and a direct pedestrian route to a nearby Metro bus stop. The pedestrian pathways from the entrance and the bus stop will provide safe and handicapped accessible movement between the center of the campus and the surrounding areas. The pedestrian paths will feature drought resistant landscaping, irrigation, lighting and benches. The enhancements will play a key role in visually and physically connecting the campus and the adjacent community.

This is the first part of a multi-phase project that eventually will include landscaping and the installation of bus shelters and signage.

Bond funds will be used for the local match. In 2001 voters approved legislation providing \$1.245 billion for Los Angeles Community College District improvements and new construction. The voters approved an additional \$980 million in 2003.

The total project budget is estimated at \$998,280.

Bond funds will be used for the local match. In 2001 voters approved legislation providing \$1.245 billion for Los Angeles Community College District improvements and new construction. The voters approved an additional \$980 million in 2003.

Some funds may be used for administration and management of the grant.

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.33.01 CONST - BUS TERM (Valley) LAOD358

1

\$742,500

\$928,125

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (Valley)	Jun. 01, 2008
2.	Contract Awarded	Oct. 24, 2008
3.	Construction Begins	Dec. 10, 2008
4.	Construction Complete	Mar. 15, 2011
5.	Contract Complete	Jun. 15, 2011

11.32.10 ACQ - BUS PASS/SHELT (Lake) LAOF019

1

\$396,000

\$495,000

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (Lakewood)	Jul. 01, 2008
2.	Contract Award	Sep. 30, 2008
3.	Installation Begins	Oct. 30, 2008
4.	Installation Complete	Dec. 30, 2008
5.	Contract Complete	Feb. 28, 2009

11.33.01 CONST - BUS TERM(Msn) LAEO388A

1

\$152,089

\$190,111

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued (Mission)	Jul. 01, 2008
2.	Contract Award	Oct. 24, 2008
3.	Construction Begins	Dec. 10, 2008
4.	Construction Complete	Mar. 15, 2011
5.	Contract Complete	Jun. 15, 2011

Part 5. Environmental Findings

PRJBUD Project Budget

3

\$1,290,589

\$1,613,236

Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

113301 CONST - BUS TERM (Valley) LAOD358	1	\$742,500	\$928,125
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Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

Finding Details: These activities qualify as a Categorical Exclusion Class c (8) for the installation of fencing, signs, pavement markings, small shelters and/or traffic signals where no substantial land acquisition or traffic disruption will occur.

113210 ACQ - BUS PASS/SHELT (Lake) LAOF019	1	\$396,000	\$495,000
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Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

Finding Details: These activities qualify as a Categorical Exclusion Class c (8) for the installation of fencing, signs, pavement markings, small shelters and/or traffic signals where no substantial land acquisition or traffic disruption will occur.

113301 CONST - BUS TERM(Msn) LAEO388A	1	\$152,089	\$190,111
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Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

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-04-0088
Budget Number:	1 - Budget Pending Approval
Project Information:	Bus shelters, buses and engineering

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Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,923,823
Project Number:	CA-04-0088	Adjustment Amt:	\$0
Project Description:	Bus shelters, buses and engineering	Total Eligible Cost:	\$1,923,823
		Total FTA Amt:	\$1,404,900
Recipient Type:	Transit Authority	Total State Amt:	\$0
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total Local Amt:	\$518,923
Recipient Contact:	Richard christie (213) 922-6022	Other Federal Amt:	\$0
New/Amendment:	None Specified	Special Cond Amt:	\$0
Amend Reason:	Initial Application		
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5309-6	S.C. Eff. Date:	None Specified
State Appl. ID:	None Specified	Est. Oblig Date:	None Specified
Start/End Date:	Oct. 09, 2008 - Jun. 09, 2010	Pre-Award Authority?:	No
Recvd. By State:		Fed. Debt Authority?:	No
EO 12372 Rev:	YES	Final Budget?:	No
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	5, 16		

Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	32	Hilda L Solis
6	34	Lucille Roybal-Allard
6	39	Linda T Sanchez

Project Details

The Los Angeles County Metropolitan Transportation Authority (Metro) hereby submits grant application number CA-04-0088 on behalf of the City of Baldwin Park, the City of Bellflower, the City of Paramount and the City of San Fernando as sub grantees, requesting \$1,404,900 in FY2006 Section 5309 Bus and Bus-Facilities federal assistance as follows:

1. The City of Baldwin Park: Funding of \$380,714 for FY2006 for continued planning and engineering work for the Baldwin Park Transit Center. ((TIP: LAEO076). (SAFETEA-LU 776)).
2. The City of Bellflower, bus stop shelters and amenities: Funding of \$247,500 for FY2006. (TIP LAOG119).
3. The City of Paramount: Funding of \$198,000 FY2008 for a small CNG, handicapped accessible bus. (TIP: LAOG120).
4. The City of San Fernando: Funding of \$587,686 for three (3) handicapped accessible, CNG powered historic looking trolley buses. ((TIP: LAEO127). (SAFETEA-LU 127)).

All funds for Baldwin Park and San Fernando are programmed within the currently approved FTIP. Funds for Bellflower and Paramount are included in Amendment 19 in the 2006 TIP. Amendment 19 is scheduled to be federally approved in August or September 2008.

The required FY2008 Certifications and Assurances have been electronically filed in TEAM.

All DOL Application Checklist requirements have been addressed.

Baldwin Park

The City of Baldwin Park is geographically located in the center of the San Gabriel Valley, within Los Angeles County, State of California. It is about 15 miles east of downtown Los Angeles. The

City of Baldwin Park is bordered to the north by the City of Irwindale, to the east by the City of West Covina, to the south by the City of Industry and an unincorporated area of Los Angeles County commonly referred to as Bassett, and the west by the City of El Monte.

The City has approximately 85,000 residents. It is predominantly a residential community with many single family homes and some apartments. There are some industrial and commercial sites as well.

The City of Baldwin Park intends to use these funds for planning, environmental services, mapping, engineering and design activities for a 300 to 400 space parking structure to be located adjacent to the Baldwin Park Metrolink station and Cruz Baca Transcenter. Funds will also be used to evaluate the possible need to relocate the nearby Metrolink platform.

This work was begun with funds from CA-03-0776.

The Transcenter serves as an intermodal transit center providing critical transportation connections to the central San Gabriel Valley from other Southern California areas. The Center is served by Metrolink rail as well as buses from the City of Baldwin Park, West Covina, Foothill Transit and Metro. The exact location and size of the structure will be determined as part of this application's activities. There is a parking lot adjacent to the Metrolink station now, but it is inadequate.

The City provides fixed route and dial a ride service within the City. Fixed route operates from 6:00 am until 7:00 pm on Monday through Friday, 8:00 am until 5:00 pm on Saturday and 9:00am until 4:00 pm on Sunday. Dial a Ride service is available for seniors and those with disabilities. These services are provided by a private contractor from 7:00 am until 6:00 pm Monday through Saturday and 8:00 am until 5:00 pm on Sunday.

The contractor information is as follows:

Southland Transit, Inc.
3650 Rockwell Avenue
El Monte, CA 91731
(626) 258-3389 Fax (626) 258-3391
Representative: Darian Harris, Director of Operations

Sub-recipient information:

City of Baldwin Park
14403 E. Pacific Avenue
Baldwin Park, CA 91706
(626) 960-4100, ext. 458; Fax (626) 962-2625

Project Manager:

Edwin "William" Galvez
Director of Public Works
Phone:(626) 960-4100 ext. 458 FAX: (626) 962-2625

The project will occur within California Congressional District 32; District Official: Hilda Solis.

2. City of Bellflower

The City of Bellflower is approximately 6.1 square miles in size. It is a well-balanced, residential, commercial and industrial City with approximately 77,000 residents. The City is geographically located approximately 20 miles south of the City of Los Angeles in Los Angeles County, California. It is bordered on the north by the City of Downey, on the west by the Cities of Long Beach and Paramount, on the south by the City of Lakewood and on the east by the Cities of Cerritos and Norwalk.

The City intends to construct and install bus shelters with benches, bus information kiosks, lighting and trash cans at major bus stops within the City. Providing shelters with benches and amenities makes using public transit more comfortable and convenient. Passengers will have some shelter from the sun and the weather while waiting.

Some bus stops may require street modifications such as cut outs in association with the shelters.

Through contract the City provides Dial-A-Ride and fixed route service. Dial a Ride services operate from 9:00 am to 5:00 pm Monday through Saturday. Fixed route services are provided from 7:00 am to 6:00 pm Monday through Friday and from noon until 6:00 pm on Saturday.

The contractor information is as follows:

Laidlaw Transit Services, Inc.
15260 Ventura Blvd.
Sherman Oaks, Ca. 91403
Patrick McNiff, Area General Manger
(818) 380-0454

Other fixed route providers in the City include Metro, Long Beach Transit, Norwalk Transit and Cerritos on Wheels.

The project will occur within California Congressional District 34; District Official: Lucille Roybal Allard.

Sub-recipient information:

City of Bellflower
16600 Civic Center Drive
Bellflower, Ca. 90726
Telephone (562) 804-1424
Fax: (562) 925-8660

Project Manager:

Mr. Bernardo Iniguez
City of Bellflower
16600 Civic Center Drive
Bellflower, Ca. 90726
Telephone (562) 804-1424 ext. 2233
Fax: (562) 925-8660

3. City of Paramount

The City of Paramount is located about 20 miles southwest of the Central Business District of the City of Los Angeles in Los Angeles County California. It has a population of about 55,000 people. There are many houses as well as apartments within the City. In recent years the City has become highly industrialized with industries that manufacture pipe, rolled copper and other metal products, lawn and garden tractors, aerospace parts, and ice-resurfacing machines

The City will use the funds to purchase a 22 foot CNG fueled bus for its fixed route Easy Rider system. The service consists of two (2) buses that are owned and maintained by the City and operated under contract by Laidlaw Transit. The service operates within the City on a 45 minute headway and serves the City's major centers and attractions.

Currently the City does not have a spare bus. This additional bus will increase the fleet size to three (3) with the oldest bus becoming a spare. The level of service will not expand.

The contractor information is as follows:

Laidlaw Transit Services, Inc.
4337 Rowland Ave.
El Monte, Ca. 91731
Regional Manager: Heidi Miller

The City of Paramount also provides through contract a Dial-A-Ride (DAR) service that requires 48 hour advance notice for service and a taxi voucher service for seniors and the disabled.

Sub-recipient information:

City of Paramount
16400 Colorado Ave.
Paramount, Ca. 90723
Telephone (562) 220-2000
Fax: (562) 630-2713

Project Manager:

Mr. Vincent Torres
City of Paramount
16400 Colorado Ave.
Paramount, Ca. 90723
Telephone (562) 220-2121
Fax: (562) 630- 2713

4. The City of San Fernando

The City of San Fernando is located about 20 miles northwest of the Central Business District of the City of Los Angeles County in Los Angeles County, California. The City has a population of about 25,000. It is surrounded by the City of Los Angeles with the community of Sylmar to the north, Lake View Terrace to the east, Pacoima to the south and Mission Hills to the west. The City is mostly a residential area with many homes and some apartments. There are some commercial and industrial sites. ((SAFETEA-LU 127) (TIP LAEO127))

The City of San Fernando will use the funds to purchase three (3) additional 25 foot handicapped accessible CNG powered historic looking trolley buses for a new fixed route service within the City. The City has been operating a system called The Mission City Transit Program (MCT) for several years. This system has consisted of on demand transportation services for the elderly and handicapped. Effective July 2008, the City will expand this service to include fixed route service within the City. Four (4) buses will be used for daily operation, two (2) of which were recently purchased as part of CA-03-0776. The fifth bus will be a spare.

The service will be run by a contractor selected through a competitive process. The contract was awarded by the City Council in May 2008. The contractor, First Transit, provides the three (3) additional buses that are required plus spares. With this application, the City wishes to purchase three (2) trolley buses to replace the contractor vehicles.

The sub-recipient information is as follows:

Sub-recipient information:

City of San Fernando
117 MacNeil Street
San Fernando, Ca. 91340-2993
Phone: (818) 898-1201

Project Manager: Helen Collins
Phone: (818) 898-1242 FAX (818) 361-6728

The contractor information is as follows:
Laidlaw (dba First Transit)
5260 Ventura Boulevard, No. 1050
Sherman Oaks, CA 91403
(818) 380-0454, ext. 223 Fax (818) 380-0313
Representative: Susan Spry, Area Vice President

The employees are not represented by a union.

The project will occur within California Congressional District 28; District Official: Howard Berman.

Earmarks

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
E2006-BUSP-066	Baldwin Park, CA Construct v	\$380,714	\$380,714
E2006-BUSP-079	Construct bus shelters in Be	\$247,500	\$247,500
E2006-BUSP-150	Paramount Easy Rider Clean-A	\$198,000	\$198,000
E2006-BUSP-167	San Fernando, CA Purchase CN	\$578,686	\$578,686

Number of Earmarks: 4

Total Amount Applied: \$1,404,900

Date Sent for Release:

Date Released:

Security

No information found.

Part 3: Budget

Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
113-00 BUS - STOPS/TERM (Bellflow, B. Park)	12	\$1,206,900.00	\$1,685,268.00
<u>ACTIVITY</u>			

11.32.10 ACQ - BUS PASS SHEL (LAOG123,Bellfir)	8	\$247,500.00	\$309,375.00
11.31.04 ENG/DES - PAR/ RIDE (LAEO076,BP)	1	\$380,714.00	\$475,893.00
11.13.09 TROLL BUS EXPAN (LAEO127, S. Fern)	3	\$578,686.00	\$900,000.00
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK (San Fern., Para.)	1	\$198,000.00	\$238,555.00
<u>ACTIVITY</u>			
11.13.04 BUY <30-FT BUS EXPAN (LAOG120 Para)	1	\$198,000.00	\$238,555.00
Estimated Total Eligible Cost:			\$1,923,823.00
Federal Share:			\$1,404,900.00
Local Share:			\$518,923.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.13.09	TROLL BUS EXPAN (LAEO127, S. Fern)	Compressed Natural Gas
11.11.00	BUS - ROLLING STOCK (San Fern., Para.)	Compressed Natural Gas
11.13.04	BUY <30-FT BUS EXPAN (LAOG120 Para)	Compressed Natural Gas

Extended Budget Descriptions

113-00	BUS - STOPS/TERM (Bellflow, B. Park)	12	\$1,206,900.00	\$1,685,268.00
Planning and design for an intermodal parking facility in the City of Baldwin Park and bus stop improvements in the City of Bellflower.				
11.32.10	ACQ - BUS PASS SHEL (LAOG123,Bellfir)	8	\$247,500.00	\$309,375.00

The City of Bellflower, Los Angeles County, Ca. TIP: LAEO123

The City intends to construct and install approximately eight (8) bus shelters with benches, bus information kiosks, lighting and trash cans at major bus stops within the City. Providing shelters with benches and amenities makes using public transit more convenient. Passengers will have some shelter from the sun and the weather while waiting for buses.

The City is served by several inter city transit carriers including Metro, Norwalk Transit, Long Beach Transit, and Cerritos on Wheels.

Some minor modifications and construction of cut outs at bus stop zones may have to be done in conjunction with construction the shelters.

Some funds may be used for management and administration of the project.

The City will use Proposition A funds for the local match.

11.31.04	ENG/DES - PAR/ RIDE (LAEO076,BP)	1	\$380,714.00	\$475,893.00
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The City of Baldwin Park, Los Angeles County, Ca. TIP: LAEO076

The City will use these funds for engineering and design of a multi modal park and ride structure that will be constructed in the area of the City's Transit Center. At that location, there is fixed route service from several bus transit providers as well as a stop for the regional rail service provider, Metrolink.

During this process, the City will assess the best location for the parking facility, the needed size (200 to 400 parking spaces) and will coordinate with the regional rail passenger carrier, Metrolink, on how best to interface construction with the existing rail line and platform.

Some funds may be used for management and administration of the project.

The City will use Proposition A and Proposition C funds for the local match.

11.13.09	TROLL BUS EXPAN (LAEO127, S. Fern)	3	\$578,686.00	\$900,000.00
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The City of San Fernando, Los Angeles County Ca. SAFETEA-LU 126, TIP LAEO127.

In July 2008, the City will begin a fixed route service requiring five (5) buses trolley buses with four (4) in service and the other as a spare. The City recently purchased two (2) historic looking trolley buses as part of CA-03-0776. They now wish to purchase the additional three (3) buses that are required.

The vehicles will be about 25 feet long, will be CNG powered, handicapped accessible and have a life expectancy of five (5) years or 150,000 miles.

The City currently operates a dial-a-ride (DAR) service through a contractor that provides the vehicles for the DAR and will initially provide the additional vehicles required for the fixed route service. The contract to operate the DAR and the fixed route were awarded by the City Council in May through a competitive process.

The contractor information is as follows:
 Laidlaw (dba First Transit)
 15260 Ventura Boulevard, No. 1050
 Sherman Oaks, CA 91403
 (818) 380-0454, ext. 223 Fax (818) 380-0313
 Manager: Susan Spry

The employees are not represented by a union.

Funds are available The matching funds will come from Proposition A and Proposition C funds.

Some funds may be used for the management and administration of the project.

There is approximately \$1.9 in FTA earmarks for FY2007 through FY2009 for CNG buses and equipment. The City will evaluate the service and equipment needs prior to requesting those

111-00	BUS - ROLLING STOCK (San Fern., Para.)	1	\$198,000.00	\$238,555.00
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A small Compressed Natural Gas powered handicapped accessible bus for the City of Paramount, Los Angeles County, Ca. TIP: LAOG120

11.13.04	BUY <30-FT BUS EXPAN (LAOG120 Para)	1	\$198,000.00	\$238,555.00
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City of Paramount, Los Angeles County, Ca. TIP: LAOG120.

The funds being requested by the City of Paramount will be used to purchase one 22 foot CNG fueled, handicapped accessible shuttle bus for the City's fixed route line, Easy Rider. The Fixed Route Shuttle Service is operated by contract with Laidlaw Transit Services, Inc a private carrier whose employees do not belong to a union. The requested bus will have a service life of five (5) years or 150,000 miles and will seat twenty five (25) passengers and accommodate two (2) wheelchairs.

The service offers transportation to everyone within the City. All major sites and attractions are served. Service is provided within the City limits Monday through Friday from 7 a.m. to 6 p.m. and on Saturday from 9:30 a.m. to 6 p.m. The fare is 50 cents. The service operates every 45 minutes.

Laidlaw operates this service with two (2) buses that are owned and maintained by the City of Paramount. Currently there is no spare bus. The older bus in the existing fleet will be designated as a spare.

The following is the contact information: with First Transit, Inc. (dba Laidlaw Transit Services).

The contractor's information is:

First Transit, Inc. (dba as Laidlaw)
4337 Rowland Ave
El Monte CA 91731
Heidi Miller, Area General Manager
626.448.9446 ext. 117

The employees are not represented by a union.

The service transports an estimated 11,000 riders per month. For FY 2007/2008 the cost to operate the dial-a-ride service is estimated to be about \$430,000. These costs are offset by the fares collected of about \$60,000 per year. Ridership and cost will remain approximately the same in the coming years. The deficit is paid with Prop A funds.

Some funds may be used for management and administration of the project.

The City will use Proposition A and Proposition C funds for the local match.

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.32.10 ACQ - BUS PASS SHELTL (LAOG123,Bellflr) 8 \$247,500 \$309,375

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP Issued (Bellflower)	Nov. 13, 2008
2.	Contract Awarded	Jan. 23, 2009
3.	Constr/Install Begins	Feb. 20, 2009
4.	Constr/Install Complete	Aug. 19, 2009
5.	Contract Complete	Nov. 05, 2009

11.31.04 ENG/DES - PAR/ RIDE (LAEO076,BP) 1 \$380,714 \$475,893

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP Issued (B. Park)	Oct. 30, 2008
2.	Contract Awarded	Jan. 18, 2009
3.	Eng/Design begins	Feb. 06, 2009
4.	Eng/Design Complete	Jun. 03, 2009

5.	Contract Complete	Aug. 05, 2009
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11.13.09 TROLL BUS EXPAN (LAEO127, S. Fern) 3 \$578,686 \$900,000

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB OUT FOR BID	Oct. 06, 2008
2.	CONTRACT AWARDED	Jan. 15, 2009
3.	FIRST VEHICLE DELIVERED	Feb. 12, 2009
4.	ALL VEHICLES DELIVERED	Feb. 12, 2009
5.	CONTRACT COMPLETE	May. 20, 2009

11.13.04 BUY <30-FT BUS EXPAN (LAOG120 Para) 1 \$198,000 \$238,555

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB OUT FOR BID	Mar. 10, 2009
2.	CONTRACT AWARDED	Jun. 10, 2009
3.	FIRST VEHICLE DELIVERED	Oct. 20, 2009
4.	ALL VEHICLES DELIVERED	Mar. 03, 2010
5.	CONTRACT COMPLETE	Jun. 09, 2010

Part 5. Environmental Findings

113210 ACQ - BUS PASS SHELTT (LAOG123,Bellfir) 8 \$247,500 \$309,375

Finding No. 1 - Class II(c)

C08 - Install Shelters, fencing, & Amenities

Installation of fencing, signs, pavement markings, small passenger shelters, traffic signals, and railroad warning devices where no substantial land acquisition or traffic disruption will occur.

Finding Details: City of Bellflower: Bus shelters.

113104 ENG/DES - PAR/ RIDE (LAEO076,BP) 1 \$380,714 \$475,893

Finding No. 1 - Class II(c)

C01 - Engineering/Design/Planning/Tech.Studies

Activities which do not involve or lead directly to construction, such as planning and technical studies; projects for training and research programs; planning activities eligible for assistance listed in 23 U.S.C. 134, 135, and 307(c); planning activities related to approval of a unified work program and any findings required in the planning process pursuant to 23 C.F.R. Part 450, activities for state planning and research programs pursuant to 23 C.F.R. Part 420; engineering to define the elements of a proposed action or alternatives so that social, economic, and environmental effects can be assessed.\n\n

Finding Details: City of Baldwin Park: Engineering and design.

111304 BUY <30-FT BUS EXPAN (LAOG120 Para)	1	\$198,000	\$238,555
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Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

Finding Details: City of Paramount: Small CNG bus.

111309 TROLL BUS EXPAN (LAEO127, S. Fern)	3	\$578,686	\$900,000
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Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

Finding Details: City of San Fernando: Trolley buses.

Part 6: Fleet Status

Fixed Route

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			

	A. Peak Requirement	2	0	2
	B. Spares	0	1	1
	C. Total (A+B)	2	1	3
	D. Spare Ratio (B/A)	0.00%	0.00%	50.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	2	1	3

The City of Paramount, Los Angeles County, Ca. (TIP: LA0G120).

The City's fixed route bus line, called Easy Rider, offers transportation for all of the City of Paramount's residents. Fixed route service is provided within the City limits Monday through Friday from 7 a.m. to 6 p.m. and on Saturday from 9:30 a.m. to 6 p.m. The fare is 50 cents. The service operates every 45 minutes.

Laidlaw operates this service with two (2) buses that are owned and maintained by the City of Paramount. The service transports an estimated 11,000 riders per month. For FY 2007/2008 the cost to operate the dial-a-ride service is estimated to be about \$430,000. These costs are offset by the fares collected of about \$60,000 per year. Ridership and cost will remain approximately the same in the coming years. The deficit is paid with Prop A funds.

This bus will not result in an increase of service. The older bus of the two (2) existing will be designated as a spare.

The new bus will have a service life of five (5) years or 150,000 miles.

The City of Paramount also provides through contract a Dial-A-Ride (DAR) service that requires 48 hour advance notice for service and a taxi voucher service for seniors and the disabled.

Services are provided through a contract with Laidlaw Transit Services, Inc. The following is the contact information:

First Transit, Inc.
4337 Rowland Ave
El Monte CA 91731
Heidi Miller, Area General Manager
626.448.9446 ext. 117

Please note that information for the fixed route buses for the City of San Fernando is discussed under Paratransit.

Paratransit

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			

	A. Peak Requirement	2	2	4
	B. Spares	0	1	1
	C. Total (A+B)	2	3	5
	D. Spare Ratio (B/A)	0.00%	50.00%	25.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	2	3	5

The City of San Fernando, LA County, CA. ((SAFETEA-LE 127) (TIP LAE0127))

The City of San Fernando has been operating a system called The Mission City Transit Program (MCT). This system has consisted of on demand transportation services for the elderly and handicapped. Effective July 2008, the City will expand this service to include fixed route service within the City. Four (4) buses will be used, two (2) of which were recently purchased as part of CA-03-0776. The fifth bus will be as the system's spare.

The two buses just purchased will be nearing the half way point of their service lives by the time the new buses are ready for service.

The service will be run by a competitively bid contract that was awarded by the City Council in May 2008. The contractor, First Transit, currently provides the three (3) additional buses that are required plus spares. With this application, the City wishes to purchase three (3) trolley buses to replace the contractor vehicles.

The service will operate Monday through Friday from 7 am to 1:30 pm, and Saturday and Sunday from noon to 5 pm. The service is expected to provide approximately 90,000 trips annually with the costs estimated to be \$500,000. With the fare for the fixed route service to be \$.25, the fare box recovery ration will be about 10 percent. The balance of the costs will come from Proposition A and Proposition C funds.

The new buses will have a service life of five (5) years or 150,000 miles.

The information for the contractor, whose employees do not belong to a union, is as follows:

Laidlaw (dba First Transit)
5260 Ventura Boulevard, No. 1050
Sherman Oaks, CA 91403
(818) 380-0454, ext. 223 Fax (818) 380-0313
Representative: Susan Spry, Area Vice President

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 3 2008 STATE CLEARING HOUSE </div>
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="San Joaquin Valley Unified APCD"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="77-0262563"/>	* c. Organizational DUNS: <input type="text" value="786808394"/>	
d. Address:		
* Street1: <input type="text" value="1990 East Gettysburg Avenue"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="Fresno"/>		
County: <input type="text" value="Fresno"/>		
* State: <input type="text" value="CA: California"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="93726-0244"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="Administration"/>		Division Name: <input type="text" value="Administrative Services"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Ryan"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Kincaid"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Accountant"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(559) 230-6020"/>		Fax Number: <input type="text" value="(559) 230-6063"/>
* Email: <input type="text" value="ryan.kincaid@valleyair.org"/>		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
<input type="text" value="D: Special District Government"/>	
Type of Applicant 2: Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3: Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
* 10. Name of Federal Agency:	
<input type="text" value="Environmental Protection Agency"/>	
11. Catalog of Federal Domestic Assistance Number:	
<input type="text" value="66.709"/>	
CFDA Title:	
<input type="text" value="Multi-Media Capacity Building Grants for States and Tribes"/>	
* 12. Funding Opportunity Number:	
<input type="text" value="EPA-OECA-NPMAS-08-001"/>	
* Title:	
<input type="text" value="FY 08 Multi-Media Grant Program Solicitation Notice"/>	
13. Competition Identification Number:	
<input type="text"/>	
Title:	
<input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
<input type="text" value="Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, & Tulare County."/>	
* 15. Descriptive Title of Applicant's Project:	
<input type="text" value="Title V Report Electronic Submission And Pre-Screening Project"/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
<input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-021"/>	* b. Program/Project <input type="text" value="CA-021"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text" value="CONGRESSIONAL DISTRICTS OF P"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2008"/>	* b. End Date: <input type="text" value="01/31/2011"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="200,000.00"/>	
* b. Applicant	<input type="text" value="54,271.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="254,271.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="07/03/2008"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Seyd"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Sadredin"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director / A.P.C.O."/>	
* Telephone Number:	<input type="text" value="(559) 230-6020"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="seyed.sadredin@valleyair.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Seyed Sadredin, APCO


Date 7/02/08

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 05/20/2008	4. Applicant Identifier: <input type="text"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: 90CV0315
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Big Brothers Big Sisters of Fresno, Kings, and Madera Count.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1668376	* c. Organizational DUNS: 145773057
--	---

d. Address:

*** Street1:** 905 N. Fulton
Street2:
*** City:** Fresno
County: Fresno
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 93728

e. Organizational Unit:

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

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

Prefix: Ms. *** First Name:** Brooke
Middle Name:
*** Last Name:** Frost
Suffix:

Title: Executive Director

Organizational Affiliation:
Big Brothers Big Sisters of Central California

*** Telephone Number:** 559-268-2447 **Fax Number:**

*** Email:** bfrost@bigs.org



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-CONT-ACYF-FYSB-CV

* Title:

Continuation for Mentoring Children of Prisoners

13. Competition Identification Number:

Title:

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

Fresno, Kings, Kern, Madera, and Tulare Counties

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

Mentoring Children of Prisoners in Central California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="120,000.00"/>
* b. Applicant	<input type="text" value="27,235.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="14,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="161,235.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

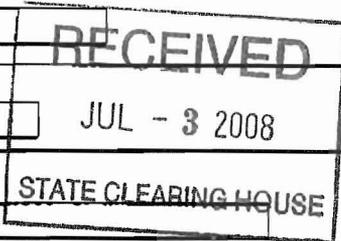
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

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



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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Mercy Housing California

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-3081666</u>	* c. Organizational DUNS: <u>883523748</u>
--	---

d. Address:

* Street1: 1360 Mission Street, Suite 300
Street2: _____
* City: San Francisco
County: San Francisco
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94103

e. Organizational Unit:

Department Name: <u>Housing Development</u>	Division Name: <u>San Francisco</u>
--	--

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

Prefix: Ms. * First Name: Sharon
Middle Name: _____
* Last Name: Christen
Suffix: _____

Title: Senior Housing Developer

Organizational Affiliation:
Mercy Housing California

* Telephone Number: 415.355.7111 Fax Number: 415.355.7122

* Email: schristen@mercyhousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

ER-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

San Francisco (City and County), California

* 15. Descriptive Title of Applicant's Project:

121 Golden Gate Senior Housing

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant: * b. Program/Project:

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="12,726,958.00"/>
* b. Applicant	<input type="text" value="10,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="17,974,386.00"/>
* e. Other	<input type="text" value="15,968,642.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="46,679,986.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**
 Yes No

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

Authorized Representative:
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

No. 0453 P. 4 Jul 3, 2008 12:31PM

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

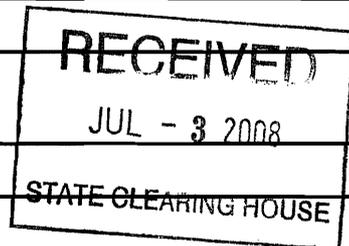
7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: National Farm Workers Service Center Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2466747

*c. Organizational DUNS:
0741296851602



d. Address:

*Street 1: 2500 Merced Street
Street 2: _____
*City: Fresno
County: Fresno
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 93721

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: _____ *First Name: Sabrina
Middle Name: _____
*Last Name: Padama
Suffix: _____

Title: Acquisitions Specialist

Organizational Affiliation:

*Telephone Number: 559-497-0164

Fax Number: 559-497-8335

*Email: spadama@nfwsc.org

Application for Federal Assistance SF-424

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157 _____

CFDA Title:

Supportive Housing for the Elderly _____

***12 Funding Opportunity Number:**

FR-5200-N-26 _____

*Title:

SEction 202 Supportive Housing for the Elderly _____

13. Competition Identification Number:

S202-26 _____

Title:

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

City of Bakersfield, County of Kern, State of Caliornia

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

HUD Section 202 Capital Advance Grant to develop 48 units of newly constructed housing for senior citizens. The units will be located at 1655 E. California Avenue, Bakersfield California.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-022

*b. Program/Project: CA-020, CA-021, CA-022

17. Proposed Project:

*a. Start Date: 01/20/2009

*b. End Date: 07/20/2010

18. Estimated Funding (\$):

*a. Federal	_____	7200000
*b. Applicant	_____	10000
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	7210000

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Sabrina
Middle Name: _____
*Last Name: Padama
Suffix: _____

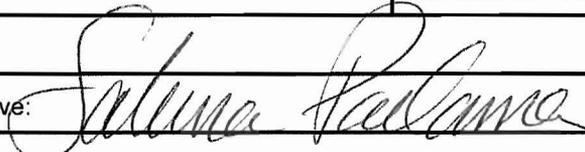
*Title: Acquisitions Specialist

*Telephone Number: 559-497-0164

Fax Number: 559-497-8335

* Email: spadama@nfwsc.org

*Signature of Authorized Representative:



*Date Signed: 6/30/08

Approved
6-26-08
RCAH
#304

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
4. Applicant Identifier: _____		
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	RECEIVED JUL - 3 2008 STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Southern California Presbyterian Homes		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1894293	* c. Organizational DUNS: 069925345	
d. Address:		
* Street1: 516 Burchett Street	_____	
Street2:	_____	
* City: Glendale	_____	
County:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 91203	_____	
e. Organizational Unit:		
Department Name: Affordable Housing	Division Name: Corporate Office	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Sally	_____
Middle Name:	_____	
* Last Name: Little	_____	
Suffix:	_____	
Title: Vice President, Affordable Housing		
Organizational Affiliation: _____		
* Telephone Number: (818) 247-0420	Fax Number: (818) 247-3871	
* Email: sallylittle@scphs.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

City of Clovis, County of Fresno, State of California

* 15. Descriptive Title of Applicant's Project:

Construction and management of a 60 unit affordable housing community for low income seniors in the City of Clovis, to be developed under the Section 202 Supportive Housing for the Elderly program.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="8,728,954.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,000,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="9,753,954.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Approval 6-26-08

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier 3-06-0087-FYI FFY2008
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

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

RECEIVED
JUL - 3 2008
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 3 8

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

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: AIRPORT IMPROVEMENT PROGRAM (AIP)

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

C

Other (specify)

**9. NAME OF FEDERAL AGENCY
Federal Aviation Administration**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT)
Rehabilitate Taxiway B6-2/3 (Const); Rehabilitate
Service Road (Const. Ph. 2); Perimeter Access
Control (Const. Ph. 2); Install Enhanced Taxiway
Centerline Markings :**

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

13. PROPOSED PROJECT

Start Date: **6/2008** Ending Date: **6/2011**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: **21st** b. Project: **21st**

15. ESTIMATED FUNDING

a. Federal	\$	3,505,583	.00
b. Applicant	\$	184,504	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	3,690,087	.00

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

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

DATE: **TBD**

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

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

RCH #304 *Approved*
6-26-08

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Lao American Foundation	Organizational Unit: Department:
Organizational DUNS: 807373076	Division:
Address: Street: 2155 N Fresno Street	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Frisco
City: Fresno	Middle Name: Boualoy
County: Fresno	Last Name: Hounviengkham
State: CA Zip Code: 93703	Suffix:
Country: USA	Email: lao.foundation@yahoo.com

RECEIVED
JUL - 3 2008
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
71-1012518

Phone Number (give area code): 559-229-2061
Fax Number (give area code): 559-229-2062

8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

7. TYPE OF APPLICANT: (See back of form for Application Types)
"o" not for profit organization
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): RBEG
10-769

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
To provide outreach training education in small farm business to Lao farmers in Fresno County

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Selma, Sanger, Easton, Biola, Partier all in Fresno County, CA

13. PROPOSED PROJECT
Start Date: 10/1/2008 Ending Date: 9/30/2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 19th and 20th District
b. Project: 19th and 20th District

15. ESTIMATED FUNDING:

a. Federal	\$	26,200.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	26,200.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. No PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix: Mr.	First Name: Frisco	Middle Name: Boualoy
Last Name: Hounviengkham		Suffix:
b. Title: President	c. Telephone Number (give area code): 559-229-2061	
d. Signature of Authorized Representative:	e. Date Signed: March 17, 2008	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <i>Ponderosa Community Services District</i>		Organizational Unit: <i>Special District</i>	
Address (give city, county, State, and zip code): <i>56287 Aspen Dr. Springville, CA 93265</i>		Name and telephone number of person to be contacted on matters involving this application (give area code) <i>Cheri Marchant 559-542-2414</i>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>77-0044274</i>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <i>United States Department of Agriculture - Rural Development</i>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>10-760</i> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Water infrastructure improvement for Ponderosa Community</i>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Tulare County - State of California</i>			
13. PROPOSED PROJECT <i>Water project</i>		14. CONGRESSIONAL DISTRICTS OF: <i>21st.</i>	
Start Date when funded <i>5 yrs.</i>	Ending Date <i>5 yrs.</i>	a. Applicant <i>PCSD</i>	b. Project <i>water project</i>
15. ESTIMATED FUNDING: <i>\$ 2,324,175</i>		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 <i>mailed 4-23-08</i> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ <i>2,324,175</i> ⁰⁰	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">JUL - 3 2008</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ <i>2,324,175</i> ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <i>Alvaretha Kracik</i>		b. Title <i>Resident</i>	c. Telephone Number <i>559-542-2639</i>
d. Signature of Authorized Representative <i>Alvaretha Kracik</i>		e. Date Signed <i>4-22-08</i>	

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application: * If Revision, select appropriate letter(s):**

- New
- Continuation
- Revision
- * Other (Specify)

*** 3. Date Received:**
05/23/2008

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

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JUL - 3 2008

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:** Stanislaus County Sheriff's Department

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**
94-6000540

*** c. Organizational DUNS:**
127395734

d. Address:

*** Street1:** 250 E. Hackett RD
Street2:
*** City:** Modesto
County: Stanislaus
*** State:** California
Province:
*** Country:** United States of America
*** Zip / Postal Code:** 95307

e. Organizational Unit:

Department Name:
Stanislaus County Sheriff's Department

Division Name:
Operations

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

Prefix: _____ *** First Name:** Michael
Middle Name: _____
*** Last Name:** Parker
Suffix: _____

Title: Lieutenant

Organizational Affiliation:
Lieutenant assigned as the Deputy Director of the Regional 911 Dispatch Center

*** Telephone Number:** (209) 552-3902

Fax Number: (209) 552-3950

*** Email:** mparker@stanislaussheriff.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U.S. Department of Justice

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

16.710

*** 12. Funding Opportunity Number:**

* Title:

COPS-OTHERTECH-2008-1

13. Competition Identification Number:

Title:

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

Stanislaus County	City of Oakdale, CA
City of Modesto, CA	City of Patterson, CA
City of Turlock, CA	City of Waterford, CA
City of Ceres, CA	City of Newman, CA
City of Riverbank, CA	City of Hughson, CA

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

Regional communications between law enforcement agencies in Stanislaus County are dangerously inadequate. Improvements to operability and interoperability issues have been occurring, but more work needs to be done. Interoperable coverage throughout the county continues to be sporadic. Also, aging equipment needs replaced and to improve coverage for interoperability, more sites need to be developed and/or improved.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-018, CA-019

* b. Program/Project: CA-018, CA-019

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

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 07/01/2010

18. Estimated Funding (\$):

* a. Federal	350,738.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	350,738.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: _____ * First Name: Michael
Middle Name: _____
* Last Name: Parker
Suffix: _____

* Title: Lieutenant

* Telephone Number: (209) 552-3902

Fax Number: (209) 552-3950

* Email: mparker@stanislaussheriff.com

* Signature of Authorized Representative: 

* Date Signed: 06/26/2008

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2008	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of Callistoga		Organizational Unit: Department: Department of Public Works	
Organizational DUNS: 044948451		Division:	
Address: Street: 1232 Washington Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David	
City: Callistoga		Middle Name	
County: Napa County		Last Name Umezaki	
State: CA Zip Code 94515		Suffix:	
Country: USA		Email: dumezaki@ekiconsult.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000305		Phone Number (give area code) EKI (850) 292-9100	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-770		9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Callistoga		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Water Tank	
13. PROPOSED PROJECT Start Date: 12/1/08 Ending Date: 6/1/10		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Thompson (District 2) b. Project Thompson	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,600,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 27, 2008	
b. Applicant	\$ 2,453,664 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 128,892 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰	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.	
g. TOTAL	\$ 8,182,556 ⁰⁰	a. Authorized Representative	
Prefix Mr. First Name James		Middle Name C.	
Last Name McCann		Suffix	
b. Title City Manager		c. Telephone Number (give area code) (707) 942-2805	
d. Signature of Authorized Representative <i>James C. McCann</i>		e. Date Signed 6/26/08	

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Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: Preapplication Application Changed/Corrected Application

* 2. Type of Application: New Continuation Revision

* If Revision, select appropriate letter(s):
* Other (Specify)

* 3. Date Received: _____ 4. Applicant Identifier: _____

5a. Federal Entity Identifier: 2008 Technology Consolid. Approp. Act 2008 (P.L. 110-161)

* 5b. Federal Award Identifier: _____

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of San Mateo Sheriff's Office

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

946000532

* c. Organizational DUNS:

16-006-4085

d. Address:

* Street1: 400 County Center, 3rd Floor

Street2: Sheriff's Office Grants Administration

* City: Redwood City

County: San Mateo

* State: California

Province: _____

* Country: United States

* Zip / Postal Code: 94063

e. Organizational Unit:

Department Name:

Sheriff's Office

Division Name:

Grants Administrator

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

Prefix: Mrs. * First Name: Michelle

Middle Name: _____

* Last Name: Mojas

Suffix: _____

Title: Grant Administrator

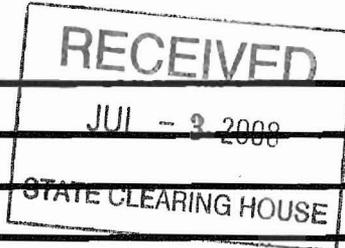
Organizational Affiliation:

County of San Mateo Sheriff's Office

* Telephone Number: (650) 363-1974

Fax Number: (650) 599-7497

* Email: mmojas@co.sanmateo.ca.us



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

B. County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

UNITED STATES DEPARTMENT OF JUSTICE COPS OFFICE - USDOJ/COPS

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS FY 2008 TECHNOLOGY PROGRAM (TECH)

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2008-1

* Title:

COPS FY 2008 TECHNOLOGY PROGRAM (TECH)

13. Competition Identification Number:

N/A

Title:

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

COUNTY OF SAN MATEO

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

2008 COPS TECH - (JMS) JAIL MANAGEMENT SYSTEM

Attach supporting documents as specified in agency instructions.

N/A

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-14

* a. Applicant COUNTY OF SAN MATEO SHERIFF'S OFFICE

* b. Program/Project: CA-9, CA-12, CA-14

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

N/A

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2010

18. Estimated Funding (\$):

* a. Federal	911,918.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	911,918.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2008

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

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

Handwritten: Fax to SDC 916-445-2618

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

Yes No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Mr. * First Name: Greg

Middle Name:

* Last Name: Munks

Suffix:

* Title: Sheriff County of San Mateo

* Telephone Number: (650) 599-1664

Fax Number: (650) 599-7497

* Email: gmunks@co.sanmateo.ca.us

* Signature of Authorized Representative: *Handwritten Signature*

* Date Signed: 07/01/2008

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

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

3. Date Received:	4. Applicant Identifier: <u>5624 CA-04-0104</u>
-------------------	--

5a. Federal Entity Identifier: 5624	*5b. Federal Award Identifier:
--	--------------------------------

State Use Only:

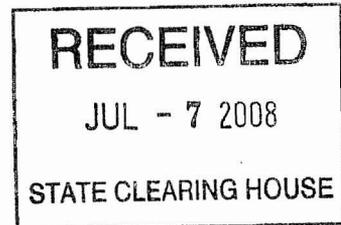
6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

*a. Legal Name: Western Contra Costa Transit Authority	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086	*c. Organizational DUNS: 103429301

d. Address:

*Street 1: 601 Walter ave
Street 2: _____
*City: Pinole
County: _____
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 94564



e. Organizational Unit:

Department Name:	Division Name:
------------------	----------------

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

Prefix: Mr. *First Name: Robert
Middle Name: John
*Last Name: Thompson
Suffix: _____
Title: Transit Planner

Organizational Affiliation:

*Telephone Number: 510-724-3331 Fax Number: 510-724-5551

*Email: rob@westcat.org

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20500 _____

CFDA Title:

Federal Transit Capital Investment Grants _____

***12 Funding Opportunity Number:**

5309-2 _____

*Title:

Bus and Bus Facilities _____

13. Competition Identification Number:

Title:

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

City of Hercules

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

Interstate 80 is Interstate 80 is the primary commuter route to and through West Contra Costa County. The Metropolitan Transportation Commission's (MTC) 1998 Regional Transportation Plan projected that increased population and employment within West County will result in a 42% increases in congestion and travel time on I-80. The Association of Bay Area Governments (ABAG) forecasts that between 1990 and 2010, commuter trips to Contra Costa will increase 33%.

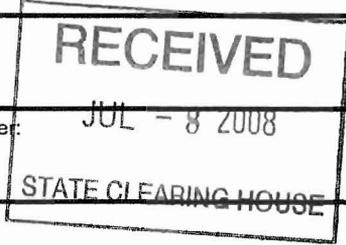
Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-007		*b. Program/Project: CA-007
17. Proposed Project:		
*a. Start Date: 10/01/08		*b. End Date: 06/30/10
18. Estimated Funding (\$):		
*a. Federal	912536	
*b. Applicant	0	
*c. State	0	
*d. Local	228134	
*e. Other	0	
*f. Program Income	0	
*g. TOTAL	1140670	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>07/01/08</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr _____	*First Name: Robert _____	
Middle Name: John _____		
*Last Name: Thompson _____		
Suffix: _____		
*Title: Transit Planner		
*Telephone Number: 510-724-331	Fax Number: 510-724-5551	
* Email: rob@westcat.org		
*Signature of Authorized Representative:		*Date Signed: 07/01/08

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:
---------------------	--------------------------



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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Garden Grove, City of

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6005848	* c. Organizational DUNS: 838134872
---	--

d. Address:

* Street1: 11301 Acacia Parkway
Street2: P.O. Box 3070
* City: Garden Grove
County: Orange
* State: California
Province:
* Country: United States
* Zip / Postal Code: 92840

e. Organizational Unit: Police Department

Department Name: Police Department	Division Name: Administrative Services Bureau
---------------------------------------	--

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

Prefix: * First Name: Courtney
Middle Name: P.
* Last Name: Allison
Suffix:

Title: Police Fiscal Analyst

Organizational Affiliation:

* Telephone Number: (714) 741-5819 Fax Number: (714) 741-5955

* Email: courta@ci.garden-grove.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

"C" City Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

* 10. Name of Federal Agency:

Department of Justice

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

16.710 Technology Program (Tech)

* 12. Funding Opportunity Number:

COPS-OTHERECH-2008-1

* Title:

13. Competition Identification Number:

Title:

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

City of Garden Grove

* 15. Descriptive Title of Applicant's Project:

Purchase of Automated Report Writing and Document Retrieval System

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-040 CA-046 CA-047

* a. Applicant Garden Grove Police Department

* b. Program/Project: Automated Report Writing System

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

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2009

18. Estimated Funding (\$):

* a. Federal	<u>93,530.00</u>
* b. Applicant	<u>311,420.00</u>
* c. State	<u> </u>
* d. Local	<u> </u>
* e. Other	<u> </u>
* f. Program Income	<u> </u>
* g. TOTAL	<u>404,950.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: _____ * First Name: Courtney

Middle Name: P.

* Last Name: Allison

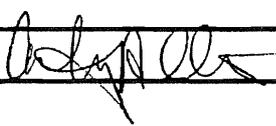
Suffix: _____

* Title: Police Fiscal Analyst

* Telephone Number: (714) 741-5819

Fax Number: (714) 741-5955

* Email: courta@ci.garden-grove.ca.us

* Signature of Authorized Representative: 

* Date Signed: 6-23-08

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.

Not Applicable

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Canebrake County Water District	Organizational Unit: Department:
Organizational DUNS: 055093798	Division:
Address: Street: 140 Smoke Tree Lane	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Paul
City: Julian	Middle Name:
County: San Diego	Last Name Deschamps
State: CA Zip Code 92036	Suffix:
Country: United States of America	Email: pldeschamps@juno.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
---	---

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Well, Distribution System and Potable Water Storage Tank Improvements

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Service area of Canebrake County Water District

13. PROPOSED PROJECT Start Date: Fall 2008	Ending Date: Summer 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52nd - Duncan Hunter	b. Project Same
---	-----------------------------	--	--------------------

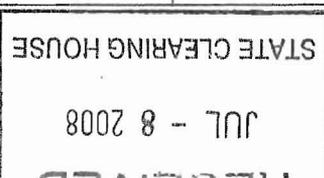
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,460,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$. ⁰⁰	DATE:
c. State \$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$. ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 1,460,000 ⁰⁰	

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

a. Authorized Representative

Prefix Mr.	First Name Paul	Middle Name
Last Name Deschamps		Suffix
b. Title President of the Board		c. Telephone Number (give area code) (619) 276-5317
d. Signature of Authorized Representative <i>Paul Deschamps</i>		e. Date Signed 7-1-08

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



Mercy Housing

Mercy Housing California

DATE: July 8, 2008 **VIA FAX AND CERTIFIED MAIL**

TO: State Clearinghouse
 Governor's Office of Planning and Research
 P.O. Box 3044
 Sacramento, CA 95812-3044
 OPR/State Clearinghouse
 1400 Tenth Street, Suite 212
 Sacramento, CA 95814

FROM: Rich Ciraulo
 Senior Project Developer

PROJECT: Mercy Auburn Senior Apartments
 535 Sacramento Street
 Auburn, CA 95603

SUBJECT: Application for Federal Assistance (SF-424)
 US HUD "Supportive Housing for the Elderly Section 202 Program"

Tel: 916.455.0613 **Fax:** 916.323.3018

916.414.4460 **916.414.4490**

To Whom It May Concern:

Enclosed please find the Subject item, a 60-unit affordable housing development for very low income seniors in Auburn, Placer County. We intend to submit an application to HUD for funding of 60 units in response to HUD's 2008 NoFA, published in the Federal Register, Monday, May 12, 2008.

If you have any questions about this item, or if you require any additional information, please contact me at the phone & fax numbers noted above, by mail at our Sacramento address noted below or via email at rciraulo@mercyhousing.org.

Thank you,

Rich Ciraulo

www.mercyhousing.org

1560 Mission Street • Suite 300 • San Francisco, CA 94103 • 415.355.7100 • Fax: 415.355.7101
 3150 Freeborn Drive • Suite 202 • West Sacramento, CA 95691 • 916.414.4400 • Fax: 916.414.4430
 211 Gault Street • Santa Cruz, CA 95062 • 831.471.1914 • Fax: 831.471.1917
 1500 South Grand Avenue • Suite 100 • Los Angeles, CA 90015 • 213.743.3820 • Fax: 213.743.5328
 430 South Bascom • Orange, CA 92668 • 714.360.2080 • Fax 714.360.2085

Mercy Housing is sponsored by communities of Catholic Sisters.

JUL-08-2008 TUE 09:06 AM MERCY CALIFORNIA

FAX NO. 9164144490

P. 01

Application for Federal Assistance SF-424		Version 12
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Change of Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grant.gov user submission:		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		5a. Federal Entity Identifier: <input type="text"/>
5b. Federal Award Identifier: <input type="text"/>		State Use Only: 6. Date Received by State: <input type="text"/>
7. State Application Identifier: <input type="text"/>		3. APPLICANT INFORMATION:
* a. Legal Name: Mercy Housing California		
* b. Employee/Taxpayer Identification Number (EIN/TIN): 94-3081866		* c. Organizational OUNS: B33523748
d. Address:		
* Street1: 1120 Freeboard Drive Suite 202		
* Street2:		
* City: West Sacramento		
* County: Yolo		
* State: CA, California		
* Province:		
* County:		
* Zip / Postal Code: 95631		
e. Organizational Unit:		
Department Name: Housing Development		Division Name: Sacramento
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		* First Name: Rich
Middle Name:		
* Last Name: Corralo		
Suffix:		
Title: Senior Project Developer		
Organizations Affiliated: Mercy Housing California		
* Telephone Number: 916-414-1400		Fax Number: 916-414-4400
* Email: rcorralo@mercyhousing.org		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Not-for-profit with 501(c)(3) Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

PR-2008-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

Hubbards (City) Placer (County), California

* 15. Descriptive Title of Applicant's Project:

Mercy Auburn Senior Apartments

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-035	* b. Program/Project CA-034
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date	01/05/2005	* b. End Date 07/01/2011
18. Estimated Funding (\$):		
* a. Federal	6,026,516.00	
* b. Applicant	1,337,400.00	
* c. State	3,900,000.00	
* d. Local	0.00	
* e. Other	6,986,175.00	
* f. Program Income		
* g. TOTAL	13,230,191.00	
* 19. Is Applicant Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<p>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</p> <input checked="" type="checkbox"/> I AGREE		
<p>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix	* First Name: Valerie	
Middle Name:		
* Last Name:	Agostino	
Suffix:		
* Title:	Vice President	
* Telephone Number:	415-355-7100	* Fax Number: 415-355-7201
* Email:	v.agostino@mercyhousing.org	
* Signature of Authorized Representative:	<input type="text" value="Complete by Grants.gov user submission."/>	* Date Signed: <input type="text" value="Complete by Grants.gov user submission."/>

Authorized by Local Reproduction



Mercy Housing

Mercy Housing California

DATE: July 8, 2008 **VIA FAX**

TO: State Clearinghouse
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044
OPR/State Clearinghouse
1400 Tenth Street, Suite 212
Sacramento, CA 95814

Tel: 916.455.0613 Fax: 916.323.3018

FROM: Rich Ciraulo
Senior Project Developer

916.414.4460 916.414.4490

PROJECT: Mercy Auburn Senior Apartments
535 Sacramento Street
Auburn, CA. 95603

SUBJECT: Application for Federal Assistance (SF-424)
US HUD "Supportive Housing for the Elderly Section 202 Program"

To Whom it May Concern:

Enclosed please find the Subject item, a 60-unit affordable housing development for very low income seniors in Auburn, Placer County. We intend to submit an application to HUD for funding of 60 units in response to HUD's 2008 NoFA, published in the Federal Register, Monday, May 12, 2008.

If you have any questions about this item, or if you require any additional information, please contact me at the phone & fax numbers noted above, by mail at our Sacramento address noted below or via email at rciraulo@mercyhousing.org.

Thank you,

Rich Ciraulo

www.mercyhousing.org

1360 Mission Street • Suite 300 • San Francisco, CA 94103 • 415.355.7100 • Fax: 415.355.7101
 312C Freeboard Drive • Suite 202 • West Sacramento, CA 95691 • 916.414.4400 • Fax: 916.414.4490
 211 Gault Street • Santa Cruz, CA 95062 • 831.471.1814 • Fax: 831.471.1817
 1500 South Grand Avenue • Suite 100 • Los Angeles, CA 90015 • 213.743.5820 • Fax: 213.743.5828
 480 South Basavia • Orange, CA 92668 • 714.550.5080 • Fax 714.550.5085

Mercy Housing is sponsored by communities of Catholic Sisters.

JUL-08-2008 TUE 08:43 AM MERCY CALIFORNIA

FAX NO. 9164144490

P. 01/05

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Change/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: Completed by State, for per submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>		
B. APPLICANT INFORMATION:		
* a. Legal Name: Mercy Housing California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3061566		* c. Organizational DUNS: E8352374E
d. Address:		
* Street1: 3120 Freeboard Drive Suite 202 Street2: <input type="text"/> * City: West Sacramento County: Yolo * State: CA: California Province: <input type="text"/> * Country: USA: UNITED STATES * Zip/Postal Code: 95691		
e. Organizational Unit:		
Department Name: Housing Development		Division Name: Sacramento
f. Name and contact information of person to be contacted on matters involving this application:		
First Name: Frank Middle Name: <input type="text"/> * Last Name: Ciruolo Suffix: <input type="text"/> Title: Senior Project Developer Organizational Affiliation: Mercy Housing California * Telephone Number: 916-414-4430 Fax Number: 916-414-4490 * Email: cciruolo@mercyhousing.org		

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
<input checked="" type="checkbox"/> Nonprofit with 501(c) 3 Status (Other than Institution of Higher Education)		
Type of Applicant 2: Select Applicant Type:		
<input type="checkbox"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="checkbox"/>		
* Other (specify):		
<input type="checkbox"/>		
* 10. Name of Federal Agency:		
<input checked="" type="checkbox"/> Department of Housing and Urban Development		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="14.137"/>		
CFDA Title:		
<input type="text" value="Supportive Housing for the Elderly"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="PR-5200-0-26"/>		
* Title:		
<input type="text" value="Section 202 Supportive Housing for the Elderly Program"/>		
13. Competition Identification Number:		
<input type="text" value="5202-25"/>		
Title:		
<input type="text"/>		
14. Area Affected by Project: (Cities, Counties, States, etc.):		
<input type="text" value="Eubank (City) Placer (County), California"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="Mercy Auburn Senior Apartments"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

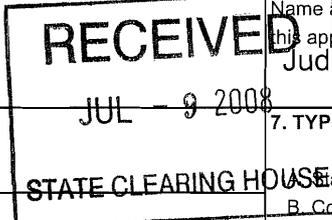
JUL-08-2008 TUE 08:43 AM MERCY CALIFORNIA FAX NO. 9164144490 P. 03/05

Application for Federal Assistance SF-424		Version 22
16. Congressional Districts Cf:		
* a. Applicant: CA-DCS	* b. Program/Project: CA-009	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date: 08/05/2009	* b. End Date: 07/02/2011	
18. Estimated Funding (\$):		
* a. Federal	5,123,615.00	
* b. Applicant	1,337,403.00	
* c. State	3,500,000.00	
* d. Local	0.00	
* e. Other	5,564,775.00	
* f. Program Income		
* g. TOTAL	18,230,793.00	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	* First Name: Valerie	
Middle Name:		
* Last Name:	Bjorklund	
Suffix:		
* Title:	Vice President	
* Telephone Number:	415-355-7150	* Fax Number: 415-355-7101
* Email:	vbjorklund@mercyhousing.org	
* Signature of Authorized Representative:	Completed by Grants.gov user submission	* Date Signed: Completed by Grants.gov user submission

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED July 7, 2008	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of La Mirada		Organizational Unit: Administrative Services Department	
Address (give city, county, State, and zip code): 13700 La Mirada Boulevard La Mirada, California 90638		Name and telephone number of person to be contacted on matters involving this application (give area code) Judith G. Quiñonez (562) 943-0131	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 0 9 1 1 7 2		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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The City of La Mirada is requesting \$895,140 of FY05 Section 5307 funds for the: purchase of 6 replacement vehicles; associated capital maintenance; UFS boxes; bus stop improvements and improvements to the City's transit facility.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of La Mirada, Los Angeles County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/05	Ending Date 6/30/10	a. Applicant 6-33 and 6-34	
15. ESTIMATED FUNDING:		b. Project CA-90-Y673	
a. Federal	\$ 895,140 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 07/07/08 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 268,695 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 1,163,835 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Kevin D. Pregovisk		b. Title Administrative Services Director	c. Telephone Number (562) 943-0131
d. Signature of Authorized Representative 		e. Date Signed 7/7/2008	



Application for Federal Assistance SF-424

Version 02

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

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

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

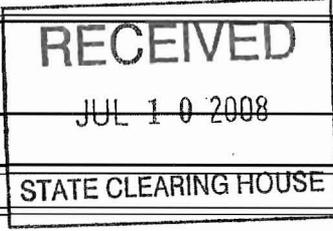
State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Mercy Housing California

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-3081666</u>	* c. Organizational DUNS: <u>883523748</u>
--	---



d. Address:

* Street1:	<u>3120 Freeboard Drive Suite 202</u>
Street2:	_____
* City:	<u>West Sacramento</u>
County:	<u>Yolo</u>
* State:	<u>CA: California</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>95691</u>

e. Organizational Unit:

Department Name: <u>Housing Development</u>	Division Name: <u>Sacramento</u>
--	-------------------------------------

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

Prefix: <u>Mr.</u>	* First Name: <u>Rich</u>
Middle Name: _____	
* Last Name: <u>Ciraulo</u>	
Suffix: _____	
Title: <u>Senior Project Developer</u>	

Organizational Affiliation:
Mercy Housing California

* Telephone Number: <u>916-414-4400</u>	Fax Number: <u>916-414-4490</u>
---	---------------------------------

* Email: rciraulo@mercyhousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

Auburn (City) Placer (County), California

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

Mercy Auburn Senior Apartments

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="6,028,616.00"/>
* b. Applicant	<input type="text" value="1,337,403.00"/>
* c. State	<input type="text" value="3,900,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="6,964,775.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="18,230,794.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 06/27/2008	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: California State Coastal Conservancy			Organizational Unit: Department:	
Organizational DUNS: 808322408			Division:	
Address: Street: 1330 Broadway, Suite 1300			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland			Prefix: Ms	First Name: Laura
County: Alameda			Middle Name	
State: CA			Last Name Engeman	
Zip Code 94612-2350			Suffix:	
Country: USA			Email: lengeman@scc.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968			Phone Number (give area code) (831) 688-4095	Fax Number (give area code) (510) 286-0470
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-614			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
TITLE (Name of Program): Coastal Wetlands Planning, Protection, 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Middle Watsonville Slough Wetland Protection and Water Quality Project	
13. PROPOSED PROJECT Start Date: 02/01/2009 Ending Date: 12/31/2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Program 17	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	925,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/27/2008	
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	433,651.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	90,000.00		
g. TOTAL	\$	1,448,651.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Samuel		Middle Name	
Last Name Schuchat			Suffix	
b. Title Executive Officer	c. Telephone Number (give area code) (510) 286-1015			
d. Signature of Authorized Representative			e. Date Signed	

RECEIVED
JUL 10 2008

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/27/2008	Applicant Identifier										
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier										
Preapplication Construction Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier										
5. APPLICANT INFORMATION													
Legal Name: California State Coastal Conservancy		Organizational Unit: Department: Central Coast Region											
Organizational DUNS: 808322408		Division: Monterey Bay Area											
Address: Street: 1330 Broadway, Suite 1300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Laura											
City: Oakland		Middle Name:											
County: Alameda		Last Name: Engeman											
State: CA Zip Code: 94612-2350		Suffix:											
Country: USA		Email: lengeman@scc.ca.gov											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table;"><tr><td>9</td><td>4</td><td>-</td><td>3</td><td>1</td><td>6</td><td>4</td><td>9</td><td>6</td><td>8</td></tr></table>		9	4	-	3	1	6	4	9	6	8	Phone number (give area code): 831-688-4095 FAX number (give area code): 831-286-0470	
9	4	-	3	1	6	4	9	6	8				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters) <input type="checkbox"/> <input type="checkbox"/> Other (specify) This is an implementation project. Not technically construction.		7. TYPE OF APPLICANT (See back of form for Application Types) A - State Other (specify)											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <table border="1" style="display: inline-table;"><tr><td>1</td><td>5</td><td>-</td><td>6</td><td>1</td><td>4</td></tr></table> TITLE: National Coastal Wetlands Conservation Grant Program		1	5	-	6	1	4	9. NAME OF FEDERAL AGENCY CLEARING HOUSE US Dept. of Interior, Fish and Wildlife Service					
1	5	-	6	1	4								
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Cruz County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Freedom Lake Restoration Project											
13. PROPOSED PROJECT Start Date: 5-1-2009 Ending Date: 11-1-2012		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 9th b. Project: 17th											
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS											
a. Federal	\$ 690,000 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6-27-08											
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
c. State	\$ 131,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?											
d. Local	\$ 131,000 .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No											
e. Other	\$ 0 .00												
f. Program Income	\$ 0 .00												
g. TOTAL	\$ 952,000 .00												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.													
a. Authorized Representative													
Prefix Mr. First Name Samuel		Middle Name											
Last Name Schuchat		Suffix											
b. Title Executive Officer		c. Telephone number (give area code) 510 286-1015											
d. Signature of Authorized Representative		e. Date Signed June 26, 2008											



Mercy Housing

Mercy Housing California

DATE: July 9, 2008

VIA FAX

TO: State Clearinghouse
 Governor's Office of Planning and Research
 P.O. Box 3044
 Sacramento, CA 98512-3044
OPR/State Clearinghouse
1400 Tenth Street, Suite 212
Sacramento, CA 95814

Tel: 916.455.0613
Fax: 916.323.3018

FROM: Rich Ciraulo
 Senior Project Developer

916.414.4460 916.414.4490

PROJECT: Mercy Auburn Senior Apartments
 535 Sacramento Street
 Auburn, CA. 95603

SUBJECT: Application for Federal Assistance (SF-424) - UPDATE
 US HUD "Supportive Housing for the Elderly Section 202 Program"

To Whom It May Concern:

Enclosed please find the Subject item, a 60-unit affordable housing development for very low income seniors in Auburn, Placer County. We intend to submit an application to HUD for funding of 60 units in response to HUD's 2008 NoFA, published in the Federal Register, Monday, May 12, 2008.

If you have any questions about this item, or if you require any additional information, please contact me at the phone & fax numbers noted above, by mail at our Sacramento address noted below or via email at rciraulo@mercyhousing.org.

Thank you,

Rich Ciraulo
 Senior Project Developer

www.mercyhousing.org

1880 Mission Street • Suite 300 • San Francisco, CA 94103 • 415.355.7100 • Fax: 415.355.7101
 3120 Freeboard Drive • Suite 202 • West Sacramento, CA 95631 • 916.414.4400 • Fax: 916.414.4480
 211 Gault Street • Santa Cruz, CA 95062 • 831.471.1914 • Fax: 831.471.1917
 1530 South Grand Avenue • Suite 100 • Los Angeles, CA 90015 • 213.743.5820 • Fax: 213.743.5826
 480 South Basavia • Orange, CA 92668 • 714.560.5080 • Fax: 714.560.5085

Mercy Housing is sponsored by our spiritualties of Catholic Sisters.

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 JUL 10 2008
 STATE CLEARING HOUSE

JUL-09-2008 WED 04:44 PM
 MERCY CALIFORNIA
 FAX NO. 9164144490
 P. 01

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:		*2. Type of Application:		*11 Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision:		<input type="text"/>

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

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

State Use Only:

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

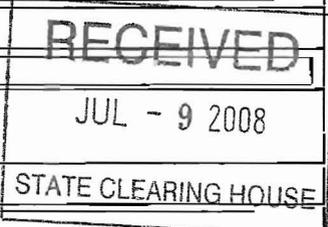
B. APPLICANT INFORMATION

*a. Legal Name: Nancy Housing California

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>54-3091666</u>	*c. Organizational DUNS: <u>833529748</u>
---	--

d. Address:

* Street 1:	<u>3120 Freeboard Drive Suite 202</u>
Street 2:	<input type="text"/>
* City:	<u>West Sacramento</u>
County:	<u>Yolo</u>
* State:	<u>CA: California</u>
Province:	<input type="text"/>
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>95691</u>



e. Organizational Unit:

Department Name: <u>Housing Development</u>	Division Name: <u>Sacramento</u>
--	-------------------------------------

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

Title:	<u>Senior Project Developer</u>
Organization Affiliation:	<u>Nancy Housing California</u>
* First Name:	<u>Erin</u>
* Last Name:	<u>Chavalo</u>
* Email:	<u>erichav@nancyhousing.org</u>

* Telephone Number:	<u>916-414-4200</u>	Fax Number:	<u>916-414-4490</u>
---------------------	---------------------	-------------	---------------------

* Email: erichav@nancyhousing.org

JUL - 09 - 2008 MED 04:44 PM

MERCY CALIFORNIA

FAX NO. 9164144490

P. 02

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
* Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
24.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-520C-X-26	
* Title:	
Section 202 Supportive Housing for the Elderly Program	
* 13. Competitor Identification Number:	
6202-26	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Suburb (City) Placer (County), California	
* 15. Descriptive Title of Applicant's Project:	
Mersey Arden Senior Apartments	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005

* b. Program/Project: CA-C03

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

Buttons: Add Attachment, Delete Attachment, New Attachment

17. Proposed Project:

* a. Start Date: 06/05/2009

* b. End Date: 07/01/2011

18. Estimated Funding (\$):

* a. Federal	5,028,615.00
* b. Applicant	1,537,403.00
* c. State	3,500,000.00
* d. Local	0.00
* e. Other	5,664,575.00
* f. Program Income	
* g. TOTAL	13,730,593.00

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

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

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

Yes No Explanation: []

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section * 801)

I AGREE

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

Authorized Representative:

Name: [] First Name: Greg
Middle Name: []
Last Name: Sparks
Suffix: []

* Title: Vice President

* Telephone Number: 916-414-4435 Fax Number: 916-414-4450

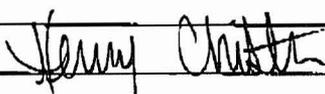
* Email: gsparks@mercyhousing.org

* Signature of Authorized Representative: Completed by Sparks.gov user submission. * Date Signed: Completed by Sparks.gov user submission.

JUL-09-2008 WED 04:45 PM MERCY CALIFORNIA FAX NO. 9164144490 P. 04

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7/9/2008	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY 7/9/08	Federal Identifier 1685
5. APPLICANT INFORMATION			
Legal Name: City of Redondo Beach		Organizational Unit: Department: Harbor, Business & Transit	
Organizational DUNS: 07-415-1988		Division: Transit Division	
Address: Street: 415 Diamond Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redondo Beach		Prefix: Mr.	First Name: Henry
County: Los Angeles		Middle Name	
State: CA		Last Name Chister	
Zip Code 90277	Suffix:		
Country: U.S.A.	Email: henry.chister@redondo.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000767		Phone Number (give area code) (310) 372-1171, ext. 2032	Fax Number (give area code) (310) 937-6621
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Redondo Beach, CA - Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PROJECT ID: CA-90-Y416-00 Purchase of Transit Vehicles and Transit Amenities for the City of Redondo Beach	
13. PROPOSED PROJECT Start Date: 1/15/2009 Ending Date: 7/31/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 27, 36 b. Project 27, 36	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,501,286 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/2008	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 326,987 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,828,273 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Henry	Middle Name	
Last Name Chister	Suffix		
b. Title Transit Analyst	c. Telephone Number (give area code) (310) 372-1171, ext. 2032		
d. Signature of Authorized Representative 	e. Date Signed 7/9/2008		

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JUL - 9 2008

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
5. APPLICANT INFORMATION			
Legal Name: California State University, Fresno Foundation		Organizational Unit: Department: Lyles Center for Innovation and Entrepreneurship	
Organizational DUNS: 150837003		Division:	
Address: Street: 4910 N. Chestnut Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fresno		Prefix: Dr.	First Name: Timothy
County: Fresno		Middle Name: Meeker	
State: CA		Last Name: Stearns	
Zip Code: 93726	Suffix:		
Country: USA		Email: timothys@caufresno.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003272		Phone Number (give area code) (559) 347-6834	Fax Number (give area code) (559) 294-6855
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) I. State Controlled Institution of Higher Education Other (specify) Hispanic Serving Institution	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Strategy Investments, Capacity Building Implementation Investments 11-307		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, CA (Fresno County)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Joaquin Valley Technology Commercialization	
13. PROPOSED PROJECT Start Date: 9/1/2008 Ending Date: 8/31/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 171,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/2008	
b. Applicant	\$ 171,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 342,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Dr.	First Name Thomas	Middle Name Hayes	
Last Name McClanahan		Suffix Ph.D.	
b. Title Associate Vice President for Research and Sponsored Programs		c. Telephone Number (give area code) (559) 278-0840	
d. Signature of Authorized Representative <i>Thomas McClanahan</i>		e. Date Signed 7/10/08	

RECEIVED
JUL 10 2008
STATE CLEARING HOUSE

Application for Federal Assistance SF-424		Version 02																
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____																
3. Date Received:		4. Applicant Identifier:																
5a. Federal Entity Identifier: N/A		*5b. Federal Award Identifier: N/A																
State Use Only:																		
6. Date Received by State:		7. State Application Identifier:																
8. APPLICANT INFORMATION:																		
*a. Legal Name: Citizens Housing Corporation, a CA nonprofit public benefit corporation																		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0309768		*c. Organizational DUNS: 93-864-7237																
d. Address:																		
<table style="width:100%; border: none;"> <tr> <td style="width: 20%;">*Street 1:</td> <td style="border-bottom: 1px solid black;">26 O'Farrell St</td> </tr> <tr> <td>Street 2:</td> <td style="border-bottom: 1px solid black;">STE 600</td> </tr> <tr> <td>*City:</td> <td style="border-bottom: 1px solid black;">San Francisco</td> </tr> <tr> <td>County:</td> <td style="border-bottom: 1px solid black;">San Francisco</td> </tr> <tr> <td>*State:</td> <td style="border-bottom: 1px solid black;">CA</td> </tr> <tr> <td>Province:</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td>*Country:</td> <td style="border-bottom: 1px solid black;">USA</td> </tr> <tr> <td>*Zip / Postal Code</td> <td style="border-bottom: 1px solid black;">94108</td> </tr> </table>			*Street 1:	26 O'Farrell St	Street 2:	STE 600	*City:	San Francisco	County:	San Francisco	*State:	CA	Province:		*Country:	USA	*Zip / Postal Code	94108
*Street 1:	26 O'Farrell St																	
Street 2:	STE 600																	
*City:	San Francisco																	
County:	San Francisco																	
*State:	CA																	
Province:																		
*Country:	USA																	
*Zip / Postal Code	94108																	
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold;">JUL 10 2008</p> <p style="text-align: center; font-weight: bold;">STATE CLEARING HOUSE</p> </div>																		
e. Organizational Unit:																		
Department Name: Development		Division Name: N/A																
f. Name and contact information of person to be contacted on matters involving this application:																		
<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">Prefix: _____</td> <td style="width: 70%;">*First Name: <u>Desiree</u></td> </tr> <tr> <td>Middle Name: _____</td> <td></td> </tr> <tr> <td>*Last Name: <u>Espinoza</u></td> <td></td> </tr> <tr> <td>Suffix: _____</td> <td></td> </tr> <tr> <td>Title: <u>Project Manager</u></td> <td></td> </tr> </table>			Prefix: _____	*First Name: <u>Desiree</u>	Middle Name: _____		*Last Name: <u>Espinoza</u>		Suffix: _____		Title: <u>Project Manager</u>							
Prefix: _____	*First Name: <u>Desiree</u>																	
Middle Name: _____																		
*Last Name: <u>Espinoza</u>																		
Suffix: _____																		
Title: <u>Project Manager</u>																		
Organizational Affiliation:																		
*Telephone Number: 415-421-8605		Fax Number: 415-421-8615																
*Email: despinoza@citizenshousing.org																		

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: <u>14.157</u> CFDA Title: <u>Section 202 Supportive Housing for the Elderly</u>	
*12 Funding Opportunity Number: <u>FR-5200-N-26</u> *Title: <u>Section 202 Supportive Housing for the Elderly</u>	
13. Competition Identification Number: <u>S202-26</u> Title: <u>N/A</u>	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of San Francisco. Project location: 1251 Turk St, San Francisco, CA 94115	
*15. Descriptive Title of Applicant's Project: Title: Rosa Parks II Senior Housing. 98 units of affordable rental housing consisting of 61 1-bedrooms, 36 studios, and 1 2-bedroom managers unit in San Francisco's Western Addition Neighborhood..	

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: 8 *b. Program/Project: 8

17. Proposed Project:
*a. Start Date: 3/2010 *b. End Date: 09/1/2011 (end of construction)

18. Estimated Funding (\$):

*a. Federal	\$10,884,800
*b. Applicant	\$10,000
*c. State	\$12,379,293
*d. Local	\$11,269,598
*e. Other	
*f. Program Income	0
*g. TOTAL	\$34,543,691

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on 7/10/08
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
 Yes No

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

Authorized Representative:

Prefix: _____ *First Name: Noreen
Middle Name: A.
*Last Name: Beiro
Suffix: _____

*Title: Executive Vice President/ Asst. Secretary

*Telephone Number: 415-421-8605 Fax Number: 415-421-8615

*Email: nbeiro@citizenshousing.org

*Signature of Authorized Representative: *Noreen Beiro* *Date Signed: 07/09/2008

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: National Farm Workers Service Center Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2466747*c. Organizational DUNS:
074129685**d. Address:***Street 1: 2500 Merced Street

Street 2: _____

*City: Fresno

County: _____

*State: Cabrina

Province: _____

*Country: USA*Zip / Postal Code 93721**e. Organizational Unit:**

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:Prefix: Ms. *First Name: Sabrina

Middle Name: _____

*Last Name: Padama

Suffix: _____

Title: Acquisitions Specialist

Organizational Affiliation:

*Telephone Number: 559-497-0164

Fax Number: 559-497-8335

*Email: spadama@nfwsc.org

Application for Federal Assistance SF-424

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U. S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

***12 Funding Opportunity Number:**

FR-5200-N-26

*Title:

Section 202 Supportive HOusing for the Elderly

13. Competition Identification Number:

S202-26

Title:

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

City of Bakersfield, County of Kern, State of California

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

HUD Section 202 Capital Advance Grant to develop 49 units of newly constructed housing for senior citizens. The units will be located at 1655 E. California Avenue, Bakersfield, California

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-022

*b. Program/Project: CA-020

17. Proposed Project:

*a. Start Date: 04/25/2010

*b. End Date: 04/25/2011

18. Estimated Funding (\$):

*a. Federal	<u>7,350,000</u>
*b. Applicant	<u>10,000</u>
*c. State	<u>0</u>
*d. Local	<u>0</u>
*e. Other	<u>0</u>
*f. Program Income	<u>0</u>
*g. TOTAL	<u>7,360,000</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 7/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sabrina

Middle Name: _____

*Last Name: Padama

Suffix: _____

*Title: Acquisitions Specialist

*Telephone Number: 559-497-0164

Fax Number: 559-497-8335

* Email: spadama@nfwsc.org

*Signature of Authorized Representative:

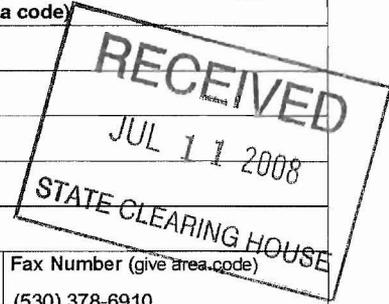
*Date Signed: 07/10/2008

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED August 28, 2008	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Self-Help Home Improvement Project	Organizational Unit: Department:
Organizational DUNS: 088852603	Division:
Address: Street: 3777 Meadowview Drive #100	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Keith Middle Name
City: Redding	Last Name Griffith
County: Shasta	Suffix:
State: California Zip Code 96002	Email: kgriff@shhip.org
Country: USA	Phone Number (give area code) Fax Number (give area code) (530) 378-6905 (530) 378-6910



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 2 9 9 0 6 7 8

8. TYPE OF APPLICATION:

New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)

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

Non-Profit Corporation
 Other (specify)

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
 Mutual Self-Help Housing Technical Assistance 1 0 - 4 2 0

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Application for funding of a rural a Mutual Self-Help Housing Technical Assistance program for 20 housing units over a two year period.

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

Shasta and Tehama Counties

13. PROPOSED PROJECT

Start Date: January 1, 2009	Ending Date: December 31, 2110
--------------------------------	-----------------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 2nd	b. Project 2nd
------------------	----------------

15. ESTIMATED FUNDING:

a. Federal	\$	500,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	500,000 ⁰⁰

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

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

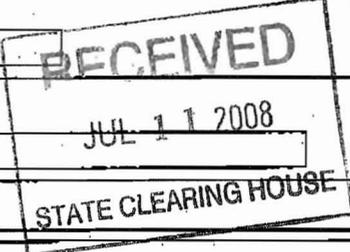
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix First Name Keith	Middle Name
Last Name Griffith	Suffix
b. Title Executive Director	c. Telephone Number (give area code) (530) 378-6905
d. Signature of Authorized Representative 	e. Date Signed July 9, 2008

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
		
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Special Service for Groups"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-1716914"/>		* c. Organizational DUNS: <input type="text" value="026508072"/>
d. Address:		
* Street1: <input type="text" value="605 W. Olympic Blvd. Suite 600"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="Los Angeles"/>		
County: <input type="text"/>		
* State: <input type="text" value="CA: California"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="90015"/>		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text" value="Faith in Communities (FIC)"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: <input type="text" value="Veronica"/>
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Lewis"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Program Manager"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(213) 236-9389"/>		Fax Number: <input type="text" value="(213) 553-1880"/>
* Email: <input type="text" value="vkelley@ssgmain.org"/>		

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

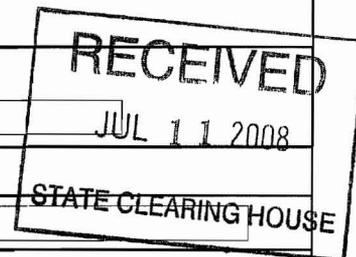
Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

14.157



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Eden Housing, Inc.

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

23-1716750

* c. Organizational DUNS:

058211947

d. Address:

* Street1:

409 Jackson Street

Street2:

* City:

Hayward

County:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94544

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

* First Name:

Woody

Middle Name:

* Last Name:

Karp

Suffix:

Title:

Senior Project Developer

Organizational Affiliation:

* Telephone Number:

510 582 1460

Fax Number:

510 582 6523

* Email:

wkarp@edenhousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

Lafayette, Contra Costa County, CA

* 15. Descriptive Title of Applicant's Project:

Lafayette Senior Housing: a 46 units of affordable senior apartments (45 senior apartments and 1 manager unit)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="6,735,982.00"/>
* b. Applicant	<input type="text" value="200,000.00"/>
* c. State	<input type="text" value="1,750,000.00"/>
* d. Local	<input type="text" value="3,000,000.00"/>
* e. Other	<input type="text" value="10,458,877.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="22,144,859.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant Discretionary Awards

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-ET-0041

* Title:

Community Services Block Grant Training and Technical Assistance Program: Capacity Building

13. Competition Identification Number:

Title:

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

Los Angeles County

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

The Community Action Agency Training Program will provide capacity building training to help community agencies stabilize, sustain and improve program services to low-income individuals in LA County.

Attach supporting documents as specified in agency instructions.

Add Attachments

Remove Attachments

View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="75,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="75,000.00"/>

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

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

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

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

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

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)**

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

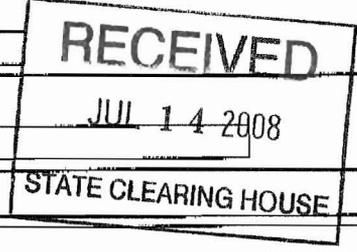
- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:



5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

California/Nevada Community Action Partnership

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

94-239452

* c. Organizational DUNS:

032139768

d. Address:

* Street1:

225 30th street, Suite 200

Street2:

* City:

Sacramento

County:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95816

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

* First Name:

Tim

Middle Name:

* Last Name:

Reese

Suffix:

Title:

Executive Director

Organizational Affiliation:

Not for Profit

* Telephone Number:

916-443-1721

Fax Number:

916-325-2549

* Email:

tr Reese@cal-neva.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Not-for-Profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Agency for Children and Families, Office of Community Services

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant Training and Technical Assistance Program: Capacity Building

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-ET-0041

* Title:

Community Services Block Grant Training and Technical Assistance Program: Capacity Building

13. Competition Identification Number:

Title:

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

Entire state of California

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

CARTE: California Achieves Results Through Excellence

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-all

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/01/08

* b. End Date: 09/30/09

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 07/14/08
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Tim

Middle Name:

* Last Name: Reese

Suffix:

* Title: Executive Director

* Telephone Number: 916-443-1721 Fax Number: 916-325-2549

* Email: treese@cal-neva.org

* Signature of Authorized Representative:  * Date Signed: July 10, 2008

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Community Equity Partners, Inc	RECEIVED JUL 14 2008 STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4752279	
* c. Organizational DUNS: 147359249	

d. Address:

* Street1: 1612 Maple Hill Road
Street2: _____
* City: Diamond Bar
County: Los Angeles
* State: CA
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 91765

e. Organizational Unit:

Department Name: Economic Development	Division Name: _____
---------------------------------------	----------------------

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

Prefix: Mr	* First Name: Samuel
Middle Name: _____	
* Last Name: Hughes	
Suffix: _____	
Title: Director	
Organizational Affiliation: _____	

* Telephone Number: 909.843.6426	Fax Number: 909.843.6423
* Email: shughes324@earthlink.net	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M. non profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DHHS-ACF/OCS

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Service Block Grant Community Service

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-ET-0041

* Title:

Capacity Building Grant

13. Competition Identification Number:

Title:

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

Los Angeles County

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

Capacity Building Grant

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 32nd

* b. Program/Project 33rd

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

35th, 31st

17. Proposed Project:

* a. Start Date: 01/02/2009

* b. End Date: 01/02/2010

18. Estimated Funding (\$): 75,000

* a. Federal 75,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 75,000

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

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

07/14/2008

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Samuel

Middle Name:

* Last Name: Hughes

Suffix:

* Title: Director

* Telephone Number: 909843.6426

Fax Number: 909.843.6423

* Email: snughes324@earthlink.net

* Signature of Authorized Representative:

* Date Signed: 07/11/2008

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Standard Form 424 (Revised 10/2005)

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