Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424 Version 02

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

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3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: County of Nevada

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000526

*c. Organizational DUNS: 010979029

d. Address:

*Street 1: 950 Maidu Avenue
Street 2:
*City: Nevada City
County: Nevada
*State: California
Province:
*Country: United States
*Zip / Postal Code 95959

e. Organizational Unit:

Department Name: CDA-Planning

Division Name: Housing

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

Prefix: Mr. *First Name: Kyle
Middle Name:
*Last Name: Thompson
Suffix:

Title: Manager

Organizational Affiliation:

*Telephone Number: 530-265-7256 Fax Number: 530-265-9851

*Email: kyle.thompson@co.nevada.ca.us

Application for Federal Assistance SF-424 Version 02

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development, Housing and Community Facilities Program

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

*Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

HPG-2009

Title:

Rural Housing Preservation Grants

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

Nevada County will use the HPG funds in the unincorporated areas of Nevada County.

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

Low and very low-income single family home rehabilitation grant in the unincorporated areas of Nevada County California

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 004 *b. Program/Project: CA 004

17. Proposed Project:

*a. Start Date: 09/01/2009 *b. End Date: 08/31/2010

18. Estimated Funding ($):

*a. Federal	100,000
*b. Applicant	
*c. State	$24,000
*d. Local	96,000
*e. Other	
*f. Program Income	
*g. TOTAL	220,000

***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 06/26/2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr *First Name: Hank

Middle Name:

*Last Name: Weston

Suffix:

*Title: Chairman, Nevada County Board of Supervisors

*Telephone Number: 530-265-1480 Fax Number: 530-265-9836

* Email: hank.weston@co.nevada.ca.us

*Signature of Authorized Representative: *Date Signed:

OMB Approval No. 0348-0043

APPLICATION FOR

	2. DATE SUBMITTED 02/27/2009	APPLICATION IDENTIFIER
1. TYPE OF SUBMISSION Application Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER

5. APPLICANT INFORMATION

Legal Name California Emergency Management Agency	Organizational Unit Office of Homeland Security
Address (city, state, and zip code) 1130 K Street Suite 200 Sacramento, California 95814	Name and telephone number of the person to be contacted on matters involving this application John Isaacson (916) 324-6529
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6001347	7. TYPE OF APPLICANT State
8. TYPE OF APPLICATION New	9. NAME OF FEDERAL AGENCY FEMA, Grant Programs Directorate
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 97.052 CFDA Title: Emergency Operations Center	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT FY2009 Emergency Operations Center Grant Program (EOC)
12. AREAS AFFECTED BY PROJECT Statewide	

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13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICT(S) OF	
Start Date: 10/01/2009	Ending Date: 09/30/2012	a. Applicant CACD	b. Project CACD

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$11,356,875	Yes.
b. Applicant	$0	~~Program has not been selected by state for review~~
c. State	$3,785,625	
d. Local	$0	
e. Other	$0	
f. Program Income	$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. Total	$15,142,500	N

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 REQUIRED.

a. Typed Name of Authorized Representative Matthew Bettenhausen	b. Title Director	c. Telephone number (916) 324-8908
d. Signature of Authorized Representative		e. Date Signed

Previous Editions Not Usable

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 6/26/09	Applicant Identifier CA00400
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Butte County		Organizational Unit:	
		Department: Sheriff's Office	
Organizational DUNS: 111411695		Division: Operations - Bangor	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 33 County Center Drive		Prefix:	First Name: Shari
City: Oroville		Middle Name N.	
County: Butte		Last Name McCracken	
State: CA	Zip Code 95926	Suffix:	
Country: USA		Email: smccracken@buttecounty.net	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000506		Phone Number (give area code) (530) 538-2863	Fax Number (give area code) (530) 538-7201

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) B - County Other (specify)
	9. NAME OF FEDERAL AGENCY: US Department of Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase 4-wheel drive pick-up truck for Designated Area Deputy in Bangor.
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Bangor	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 7/1/09	Ending Date: 6/30/10	a. Applicant 2nd	b. Project 2nd

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 32,469 .00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 10,823 .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☑ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 43,292 .00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Mr.	First Name Gregory	Middle Name G.
Last Name Iturria		Suffix
b. Title Interim Chief Administrative Officer		c. Telephone Number (give area code) (530) 538-7224
d. Signature of Authorized Representative		e. Date Signed 6/26/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 6/26/09	Applicant Identifier CA00400
1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Butte County	**Organizational Unit:** Department: Sheriff's Office
Organizational DUNS: 111411695	Division: Operations - Concow
Address: Street: 33 County Center Drive	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: First Name: Shari
City: Oroville	Middle Name N.
County: Butte	Last Name McCracken
State: CA / Zip Code 95926	Suffix:
Country: USA	Email: smccracken@buttecounty.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 0 5 0 6	Phone Number (give area code) (530) 538-2863 / Fax Number (give area code) (530) 538-7201

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) B - County Other (specify)
	9. NAME OF FEDERAL AGENCY: US Department of Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Purchase 4-wheel drive pick-up truck for Designated Area Deputy in Concow.
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Concow	
13. PROPOSED PROJECT Start Date: 7/1/09 / Ending Date: 6/30/10	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 2nd / b. Project 2nd

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 23,811 .00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 19,481 .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 43,292 .00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Mr.	First Name Gregory	Middle Name G.
Last Name Iturria		Suffix
b. Title Interim Chief Administrative Officer		c. Telephone Number (give area code) (530) 538-7224
d. Signature of Authorized Representative		e. Date Signed 6/26/09

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

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

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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: Renewable Energy Development Institute, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0328459

*c. Organizational DUNS: 802815647

d. Address:

*Street 1: 75 North Main Street
Street 2:
*City: Willits
County: Mendocino
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95490

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: Perri
Middle Name:
*Last Name: Kaller
Suffix:

Title: Program Manager

Organizational Affiliation:
PG&E/ North Coast Energy Servides/Community Development Commission

*Telephone Number: (707) 459-1256 . Fax Number: (707) 459-0366

*Email: perri@redinet.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:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Housing Preservation Grant Program

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

*Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

Title:

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

Sonoma, Lake and Mendocino Counties, California

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

Energy and Water Efficiency Installations and Measures - see Attachment

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: August 1, 2009 *b. End Date: June 30, 2010

18. Estimated Funding ($):

*a. Federal	100,000.
*b. Applicant	150,000
*c. State	2,500,000.00
*d. Local	450,000
*e. Other	
*f. Program Income	
*g. TOTAL	3,200,000

***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 6/26/09

☐ 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: Perri

Middle Name:

*Last Name: Kaller

Suffix:

*Title: Program Manager

*Telephone Number: (707) 459-1256 Fax Number: (707) 459-0366

* Email: perri@redinet.org

*Signature of Authorized Representative: *Date Signed: 6/26/09

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

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

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

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

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

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

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

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-022,025,026,027,028

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

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

17. Proposed Project:

* a. Start Date: 6/2009
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	$8,888,888.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$3,111,112.00
* f. Program Income	
* g. TOTAL	$12,000,000.00

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

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

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

- [ ] Yes
- [x] No

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

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

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

Authorized Representative:

Prefix:	Ms.
* First Name:	Marie
Middle Name:	
* Last Name:	Stephans
Suffix:	
* Title:	Chief, Administrative Services
* Telephone Number:	(916) 322-8198
Fax Number:	(916) 322-5982
* Email:	mstephan@arb.ca.gov
* Signature of Authorized Representative:	
* Date Signed:	6/17/09

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)

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STATE CLEARING HOUSE

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: MERCY HOUSING CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3081666

*c. Organizational DUNS: 883200900

d. Address:

*Street 1: 3120 FREEBOARD DRIVE, STE.202
Street 2:
*City: WEST SACRAMENTO
County: YOLO
*State: CA
Province: N/A
*Country: USA
*Zip / Postal Code 95691

e. Organizational Unit:

Department Name: COMMUNITY DEVELOPMENT

Division Name: WEST SACRAMENTO

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

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

Title: DIRECTOR OF COMMUNITY DEVELOPMENT

Organizational Affiliation: PRIVATE NON PROFIT

*Telephone Number: 916-414-4419

Fax Number: 916-414-4492

*Email: DWILKINSON@MERCYHOUSING.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:**

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:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

*Title:

HOUSING PRESERVATION GRANT 2009

13. Competition Identification Number:

Title:

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

CITY OF ORLAND

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

MERCY HOUSING. CALIFORNIA HOUSING PRESERVATION PROGRAM

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 1 *b. Program/Project: 3

17. Proposed Project:

*a. Start Date: SEPTEMBER 2009 *b. End Date: SEPTEMBER 2010

18. Estimated Funding ($):

*a. Federal	100,000
*b. Applicant	100,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	200,000

***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 7/1/09

☐ 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: GREG

Middle Name:

*Last Name: SPARKS

Suffix:

*Title: VICE PRESIDENT

*Telephone Number: 916-414-4439 Fax Number: 916-414-4490

* Email: GSPARKS@MERCYHOUSING.ORG

*Signature of Authorized Representative: *Date Signed: 7/6/09

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received

4. Applicant Identifier: CA04402

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 2009-H2116-CA-DJ

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Santa Cruz

*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000427

*c. Organizational DUNS: 139118231

d. Address:

*Street 1: 155 Center St.

Street 2:

*City: Santa Cruz

County:

*State: CA

Province:

*Country: USA

*Zip / Postal Code 95060

e. Organizational Unit:

Department Name: Santa Cruz Police Department

Division Name: Administration

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

Prefix: Mr. *First Name: Zach

Middle Name:

*Last Name: Friend

Suffix:

Title: Principal Analyst

Organizational Affiliation:

*Telephone Number: 831.420.5810 Fax Number: 831.420.5811

*Email: zfriend@ci.santa-cruz.ca.us

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

2009-H2118-CA-DJ

*Title:

BJA FY 09 Edward Byrne Memorial Justice Assistance Grant Program: Local Solicitation

13. Competition Identification Number:

Title:

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

City and County of Santa Cruz

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

Joint Application of City/County for Police Patrol Vehicle, Flame-Resistant Clothing, Juvenile Security Cameras and Computers

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17 *b. Program/Project: 17

17. Proposed Project:

*a. Start Date: 07/01/09 *b. End Date: 07/01/11

18. Estimated Funding ($):

*a. Federal	86,827
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	86,827

***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 07/06/09

☐ 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: Zach

Middle Name:

*Last Name: Friend

Suffix:

*Title: Principal Analyst

*Telephone Number: 831.420.5810 Fax Number: 831.420.5811

* Email: zfriend@ci.santa-cruz.ca.us

*Signature of Authorized Representative: *Date Signed: 07/06/09

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

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

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

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

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JUL 07 2009
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State University, Fresno Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946003272	150837003

d. Address:

* Street1:	4910 N. Chestnut Avenue
Street2:	
* City:	Fresno
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93726

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:	Mike
Middle Name:			
* Last Name:	Dozier		
Suffix:			

Title: Director

Organizational Affiliation:
Office of Community and Economic Development

* Telephone Number:	(559) 294-6027	Fax Number:	(559) 294-6024

* Email: mdozier@csufresno.edu

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:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

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

* Other (specify):

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

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

RDBCP-09-RCDG

* Title:

Rural Cooperative Development Grant

13. Competition Identification Number:

Title:

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

8 counties in Central California.

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

Center for Excellence in Rural Development at CSU Fresno

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-012
* b. Program/Project: CA-012

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	200,000.00
* b. Applicant	68,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	268,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	Dr.
* First Name:	Thomas
Middle Name:	
* Last Name:	McClanahan
Suffix:	Ph.D
* Title:	Associate Vice President for Research
* Telephone Number:	(559) 278-0840
Fax Number:	(559) 278-0992
* Email:	orsp@csufresno.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 07/10/09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Calistoga Affordable Housing, Inc.

Organizational DUNS: 086934044

Address:
Street: 1332 Lincoln Ave.
City: Calistoga
County: Napa
State: CA
Zip Code: 94515
Country: USA

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Organizational Unit:
Department: n/a
Division: n/a

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MRS
First Name: ERICA
Middle Name: ROETMAN
Last Name: SKLAR
Suffix:
Email: erica@calistogaaffordablehousing.org
Phone Number (give area code): 707-942-5920
Fax Number (give area code): 707-942-1201

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0472556

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. NOT FOR PROFIT ORGANIZATION
Other (specify)

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
SELF-HELP OWNER OCCUPIED REHABILITATION PROJECT

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Calistoga, CA 94515

13. PROPOSED PROJECT
Start Date: 04/01/10
Ending Date: 07/01/09

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

15. ESTIMATED FUNDING:

a. Federal	$ 243,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 270,000.00
f. Program Income	$ .00
g. TOTAL	$ 513,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 07/07/09
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: MRS
First Name: ERICA
Middle Name: ROETMAN
Last Name: SKLAR
Suffix
b. Title: EXECUTIVE DIRECTOR
c. Telephone Number (give area code): 707-942-5920
d. Signature of Authorized Representative
e. Date Signed: 07/04/09

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Media and Technology Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 90-0131122

* c. Organizational DUNS: 178890815

d. Address:

* Street1: 12655 Daryl Avenue
Street2:
* City: Granada Hills
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91344-1318

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: William

Middle Name: L

* Last Name: Wilson

Suffix:

Title: President / Program Manager

Organizational Affiliation:

* Telephone Number: 818-359-3882

Fax Number: 866-833-2133

* Email: william@techfound.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:

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:**

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA03102009RECOVERYACT

* Title:

EDA Recovery Act Funding

13. Competition Identification Number:

03

Title:

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

Los Angeles, Los Angeles County, California
San Bernardino, San Bernardino County, California

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

Techfound Advanced Media Training Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 27
* b. Program/Project: attach

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

Congressional Districts Serv | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/10/2009
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	360,000.00
* b. Applicant	30,976.00
* c. State	0.00
* d. Local	0.00
* e. Other	40,100.00
* f. Program Income	53,125.00
* g. TOTAL	484,201.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 6/11/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: William
Middle Name: L
* Last Name: Wilson
Suffix:

* Title: President / Program Manager

* Telephone Number: 818-359-3882
Fax Number: 866-833-2133

* Email: william@techfound.org

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

DRAFT

FAXED TO CLEARINGHOUSE (916) 323-3018

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

'lified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

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

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
10SR103731

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

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JUL 08 2009
STATE CLEARING HOUSE

5. APPLICATION INFORMATION

LEGAL NAME: Conejo Recreation & Park District

DUNS NUMBER: 931442909

ADDRESS (give street address, city, state, zip code and county):
403 W. Hillcrest Drive
Thousand Oaks CA 91360 - 4223
County: Ventura

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Cindy Powers
TELEPHONE NUMBER: (805) 381-2742
FAX NUMBER: (805) 495-5430
INTERNET E-MAIL ADDRESS: rsvp@crpd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
952265201

7. TYPE OF APPLICANT:
7a. Local Government - Municipal
7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [X] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Conejo Valley Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
City of Thousand Oaks, Newbury Park and parts of Westlake Village in Ventura County, State of CA

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 10/01/09 END DATE: 09/30/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 024 b.Program CA 024

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 55,728.00
b. APPLICANT	$ 162,548.00
c. STATE	$ 0.00
d. LOCAL	$ 177,196.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 218,276.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 08-JUL-09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
Lizzie Benton-Scott	Administrator	805-495-6471

SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. 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)

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STATE CLEARING HOUSE

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: YOLO COUNTY

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000548

*c. Organizational DUNS:

d. Address:

*Street 1: ADMINISTRATOR'S OFFICE
Street 2: 625 COURT STREET #202
*City: WOODLAND
County: YOLO
*State: CA
Province: N/A
*Country: USA
*Zip / Postal Code 95695

e. Organizational Unit:

Department Name: COUNTY ADMINISTRTOR'S OFFICE

Division Name: ECONOMIC DEVELOPMENT

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

Prefix:
*First Name: MICHELE
Middle Name:
*Last Name: GRAY-SAMUEL
Suffix:

Title: SENIOR MANAGEMENT ANALYST OF COMMUNITY DEVELOPMENT AND CDBG ECONOMIC RESOURCES DEVELOPMENT DIVISION

Organizational Affiliation:

*Telephone Number: 530-666-8069

Fax Number: 530-668-4029

*Email: michele.gray-samuel@yolocounty.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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

*Title:

HOUSING PRESERVATION GRANT 2009

13. Competition Identification Number:

Title:

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

YOLO COUNTY (UNINCORPORATED AREAS)

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

YOLO COUNTY HOUSING PRESERVATION PROGRAM

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 1 *b. Program/Project: 1

17. Proposed Project:

*a. Start Date: SEPTEMBER 2009 *b. End Date: SEPTEMBER 2010

18. Estimated Funding ($):

*a. Federal	100,000
*b. Applicant	100,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	200,000

***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 07/08/2009

☐ 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: PAT

Middle Name:

*Last Name: LEARY

Suffix:

*Title: ASSISTANT COUNTY ADMINISTRATOR

*Telephone Number: 530-668-8127 Fax Number: 530-668-4029

* Email: pat.leary@yolocounty.org

*Signature of Authorized Representative: Pat Leary *Date Signed: 7/7/09

Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received: 7/3/09

4. Application Identifier:

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JUL 08 2009
STATE CLEARING HOUSE

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: Santa Barbara Channelkeeper, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2151460

*c. Organizational DUNS: 03-795-8415

d. Address:

*Street1: 714 Bond Avenue
Street 2:
*City: Santa Barbara
County: Santa Barbara
*State: California
Province:
Country: USA
*Zip/ Postal Code: 93103

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: Lisa
Middle Name: H.
*Last Name: Meeker
Suffix:

Title: Acting Executive Director

Organizational Affiliation:

*Telephone Number: 805-563-3377 x4
Fax Number: 805-687-5635

*Email: lisa@sbck.org

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number: 66-806

*Title: Superfund Technical Assistance Grants

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Technical Assistance at the Halaco Superfund Site

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: 23 (CA) * b. Program/Project: 23 (CA)

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

Add Attachment

17. Proposed Project:

* a. Start Date: 09/01/09 * b. End Date: 09/01/12

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	33,205.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$83,205.00

*** 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 7/3/09.

☐ 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: Lisa * First Name: Lisa

Middle Name:

* Last Name: Meeker

Suffix:

* Title: Acting Executive Director

* Telephone Number: 805-563-3377 x4 Fax Number: 805-687-7335

* Email: lisa@sbck.org

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

Authorized for Local Reproduction

Lisa Meeker 7/3/09

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424 Version 02

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

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

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

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JUL 09 2009
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Pacific Southwest Community Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0673939	135526148

d. Address:

* Street1: 16935 W. Bernardo Drive, Suite 238
Street2:
* City: San Diego
County: San Diego
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92127

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: Jordan
Middle Name:
* Last Name: Penn
Suffix:

Title: Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, the Developer

* Telephone Number: 760-456-6000 Fax Number: 760-456-6001

* Email: jpenn@chelseainvestco.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Non-profit, 501(c)3

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

NGMS Agency Rural Housing Service Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

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

Imperial County, California

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

Brawley Pioneers Apartments (new affordable multifamily construction)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-050
* b. Program/Project: CA-051

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 10/01/2010

18. Estimated Funding ($): Please see attachment # 1

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

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/09/2009.

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

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

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

[ ] Yes [x] No

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

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

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: Laing

Suffix:

* Title: President, Pacific Southwest Community Development Corporation

* Telephone Number: 858-675-0506 Fax Number: 858-675-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: Robert Laing * Date Signed: 7/08/2009

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

* 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:

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

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STATE CLEARING HOUSE

d. Address:

* Street1: 145 Solano Street
Street2: PO Box 996
* City: Corning
County: Tehama
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 96021

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: Shirley
Middle Name: J
* Last Name: Fay
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: (530) 824-5451 Fax Number: (530) 824-9010

* Email: crghealth@sbcglobal.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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 Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant
* b. Program/Project

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

Add Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	1,986,220.00
* b. Applicant	639,095.00
* c. State	
* d. Local	
* e. Other	700,000.00
* f. Program Income	
* g. TOTAL	325,315.00

*** 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 Explanation

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

☒ ** I AGREE

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

Authorized Representative:

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

* Title: District President

* Telephone Number: (530) 824-5451 Fax Number: (530) 824-9010

* Email: crghealth@sbcglobal.net

* Signature of Authorized Representative: Marlene Mason * Date Signed: 7-8-09

(916) [redacted]. 323-3018

FAXED TO STATE CLEARING HOUSE 7-10-09 10:15 AM

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

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

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 10SR103731

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Conejo Recreation & Park District

DUNS NUMBER: 798289708

ADDRESS (give street address, city, state, zip code and county):
403 W. Hillcrest Drive
Thousand Oaks CA 91360 - 4223
County: Ventura

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Cindy Powers

TELEPHONE NUMBER: (805) 381-2742

FAX NUMBER: (805) 495-5430

INTERNET E-MAIL ADDRESS: rsvp@crpd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201

7. TYPE OF APPLICANT:
7a. Local Government - Municipal
7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [X] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER *(specify below)*:

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9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Conejo Valley Retired and Senior Volunteer Program

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
City of Thousand Oaks, Newbury Park and parts of Westlake Village in Ventura County, State of CA

13. PROPOSED PROJECT: START DATE: 10/01/09 END DATE: 09/30/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 024 b.Program CA 024

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 55,728.00
b. APPLICANT	$ 162,548.00
c. STATE	$ 0.00
d. LOCAL	$ 162,548.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 218,276.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 10-JUL-09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lizzie Benton

b. TITLE: Administrator

c. TELEPHONE NUMBER: (805) 495-6471

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

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JUL 13 2009
STATE CLEARING HOUSE

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: Association of Christ-based Clergy, Counselors, Educators, and Educational Sys.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3673081

* c. Organizational DUNS: 829845960

d. Address:

* Street1: 401 E. Corporate Suite 100
Street2:
* City: Lewisville
County:
* State: Texas
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 75057

e. Organizational Unit:

Department Name: Children's Bureau

Division Name: Admin. of Children and Families

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

Prefix: Ms.
* First Name: Linda
Middle Name: D.
* Last Name: McMurray
Suffix:

Title: Project Leader

Organizational Affiliation: Branch Office

* Telephone Number: 209 384-9547
Fax Number: 209 384-9541

* Email: lmcmurray@christbasedconsultants.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:

Non-Profit 501(c) (3)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Health and Human Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

HHS-2009-ACF-OCS-SI-0091

* Title:

American Recovery and Reinvestment Act
Strengthening Communities Fund - Non Profit Capacity Building Program

13. Competition Identification Number:

Title:

ARRA Strengthening Communities Fund for Merced/Merced County, California

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

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

Non Profit Capacity Building Programs for Merced/Merced County, California

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

* a. Start Date: 10/01/09 * b. End Date:

18. Estimated Funding ($):

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

*** 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 7/10/09.

☐ 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: Linda

Middle Name:

* Last Name: McMurray

Suffix:

* Title: Project Lead

* Telephone Number: 209 384-9547 Fax Number: 209 384-9541

* Email: lmcmurray@christbasedconsultants.org

* Signature of Authorized Representative: Linda McMurray * Date Signed: 7/3/09

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

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

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

*** Other (Specify)**

*** 3. Date Received:** July

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:** Hoopa Valley Tribal Council

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-1477040

*** c. Organizational DUNS:** 074647165

d. Address:

*** Street 1:** Niegborhood Facility HWY 96
Street 2: P.O. Box 1348
*** City:** Hoopa
County: Humboldt
*** State:** CA
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95546

e. Organizational Unit:

Department Name: Land Management

Division Name: Tribal Environmental Protection Agency

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

Prefix:
*** First Name:** Curtis
Middle Name: W
*** Last Name:** Miller
Suffix:

Title: Environmental Planner II

Organizational Affiliation: Environmental Planning, Monitoring and Protection

*** Telephone Number:** (530) 625-5515
Fax Number: (530) 625-5446

*** Email:** cmiller@hoopa-nsn.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Indian Tribe

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Rural Development and Rural Utilities Service (RUS)

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Hoopa Valley Indian Reservation

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

The Hoopa Valley Recycling Center

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05-01-2010
* b. End Date: 10-31-2010

18. Estimated Funding ($):

* a. Federal	$998,513.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$998,513.00

*** 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.
- [x] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

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

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

Authorized Representative:

Prefix:
* First Name: Leonard
Middle Name:
* Last Name: Masten
Suffix: Jr.

* Title: Chairman

*Telephone Number: (530) 625-4211
Fax Number: (530) 625-4594

* Email: chairman@hoopa-nsn.gov

* Signature of Authorized Representative: [signature]
* Date Signed: 7/09/09

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application

- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

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JUL 13 2009
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier: STAG 2009/2010

5a. Federal Entity Identifier: R9 Tracking #08-368

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Toxic Substances Control

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381

*c. Organizational DUNS: 949010870

d. Address:

*Street1: 1001 'I' Street
Street 2: P.O. Box 806
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95812-0806

e. Organizational Unit:

Department Name: California Department of Toxic Substances Control

Division Name: Enforcement and Emergency Response Program

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

Prefix: Mr.
First Name: Matthew
Middle Name:
*Last Name: Peterson
Suffix:

Title: Senior Hazardous Substances Scientist

Organizational Affiliation: Employee

*Telephone Number: (916) 255-3626
Fax Number: (916) 255-3595

*Email: mpeters2@dtsc.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.709

CFDA Title:

Multi-Media Capacity Building Grant for States and Tribes

*12. Funding Opportunity Number: EPA-OECA-NPMAS-09-001

*Title: FY09 Multi-Media Grant Program Solicitation Notice

13. Competition Identification Number: N/A

Title:

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

Statewide projects

*15. Descriptive Title of Applicant's Project:

Environmental Compliance Training

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-034

*a. Applicant CA-005

*b. Program/Project: CA-all

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

17. Proposed Project: FY 09/10

*a. Start Date: Oct. 1, 2009

*b. End Date: Sept. 30, 2012

18. Estimated Funding ($):

*a. Federal	$200,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$200,000.00

***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 July 13, 2009
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Gale

Middle Name:

*Last Name: Filter

Suffix:

*Title: Deputy Director

*Telephone Number: (916) 445-3941

Fax Number: (916) 322-1005

*Email: gfilter@dtsc.ca.gov

*Signature of Authorized Representative:

Date Signed: 7/13/09

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

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

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JUL 13 2009
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier: STAG 2009/2010

5a. Federal Entity Identifier: R9 Tracking #08-368

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Toxic Substances Control

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381

*c. Organizational DUNS: 949010870

d. Address:

*Street1: 1001 'I' Street
Street 2: P.O. Box 806
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95812-0806

e. Organizational Unit:

Department Name: California Department of Toxic Substances Control

Division Name: Enforcement and Emergency Response Program

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

Prefix: Mr.
First Name: Rick
Middle Name:
*Last Name: Robison
Suffix:

Title: Unit Chief

Organizational Affiliation: Employee

*Telephone Number: (510)540-3859
Fax Number: (510)540-3891

*Email: rrobison@dtsc.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.709

CFDA Title:

Multi-Media Capacity Building Grant for States and Tribes

*12. Funding Opportunity Number: EPA-OECA-NPMAS-09-001

*Title: FY09 Multi-Media Grant Program Solicitation Notice

13. Competition Identification Number: N/A

Title:

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

Statewide projects.

*15. Descriptive Title of Applicant's Project:

Tablet Personal Computers and Portable Printers for Field Inspectors.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-034

*a. Applicant CA-005

*b. Program/Project: CA-all

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

17. Proposed Project: FY 09/10

*a. Start Date: Oct. 1, 2009

*b. End Date: Sept. 30, 2012

18. Estimated Funding ($):

*a. Federal	$199,953.30
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$199,953.30

***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 7/13/2009
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Gale

Middle Name:

*Last Name: Filter

Suffix:

*Title: Deputy Director

*Telephone Number: (916) 445-3941

Fax Number: (916) 322-1005

*Email: gfilter@dtsc.ca.gov

*Signature of Authorized Representative:

Date Signed: July 13, 2009

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application

- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUL 13 2009
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier: STAG 2009/2010

5a. Federal Entity Identifier: R9 Tracking #08-368

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Toxic Substances Control

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381

*c. Organizational DUNS: 949010870

d. Address:

*Street1: 1001 'I' Street
Street 2: P.O. Box 806
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95812-0806

e. Organizational Unit:

Department Name: California Department of Toxic Substances Control

Division Name: Enforcement and Emergency Response Program

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

Prefix: Mr.
First Name: Matthew
Middle Name:
*Last Name: Peterson
Suffix:

Title: Senior Hazardous Substances Scientist

Organizational Affiliation: Employee

*Telephone Number: (916) 255-3626
Fax Number: (916) 255-3595

*Email: mpeters2@dtsc.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.709

CFDA Title:

Multi-Media Capacity Building Grant for States and Tribes

*12. Funding Opportunity Number: EPA-OECA-NPMAS-09-001

*Title: FY09 Multi-Media Grant Program Solicitation Notice

13. Competition Identification Number: N/A

Title:

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

Statewide projects

*15. Descriptive Title of Applicant's Project:

Environmental Compliance Training

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-034

*a. Applicant CA-005

*b. Program/Project: CA-all

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

17. Proposed Project: FY 09/10

*a. Start Date: Oct. 1, 2009

*b. End Date: Sept. 30, 2012

18. Estimated Funding ($):

*a. Federal	$200,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$200,000.00

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☐ 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

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Authorized Representative:

Prefix: Mr.

*First Name: Gale

Middle Name:

*Last Name: Filter

Suffix:

*Title: Deputy Director

*Telephone Number: (916) 445-3941

Fax Number: (916) 322-1005

*Email: gfilter@dtsc.ca.gov

*Signature of Authorized Representative:

Date Signed: 7/13/09

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-91ER40662
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 092530369
* Legal Name: Regents of the University of California
Department: Off. of Contract & Grant Admin
Division: Univ. of Calif, Los Angeles
* Street1: 11000 Kinross Ave, Suite 102
Street2:
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90024-1406

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JUL 15 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix: Ms.
* First Name: Kristin
Middle Name:
* Last Name: Lund
Suffix:
* Phone Number: 310-794-0171
Fax Number: 310-794-0631
Email: klund@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1956006143A1

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

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):

* 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:
Experimental and Theoretical High Energy Physics Research at UCLA

12. PROPOSED PROJECT:
* Start Date: 01/15/2010
* Ending Date: 01/14/2013

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: Robert
Middle Name: D.
* Last Name: Cousins
Suffix:
Position/Title: Professor of Physics
* Organization Name: Regents of the Univ. of California
Department: Physics & Astronomy
Division: Univ. of Calif, Los Angeles
* Street1: 475 Portola Plaza
Street2:
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-1928
Fax Number: 310-267-2483
* Email: cousins@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	8,830,008.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	8,830,008.00
d. Estimated Program Income	0.00

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

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

DATE: 07/15/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0171 Fax Number: 310-794-0631

* Email: klund@resadmin.ucla.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-028 *b. Program/Project: CA-021

17. Proposed Project:

*a. Start Date: 10/1/2010 *b. End Date: 10/1/2011

18. Estimated Funding ($):

*a. Federal	3,000,000 (RHS)
*b. Applicant	487,357 (DDF)
*c. State	1,000,000 (AHP)
*d. Local	12,581,817 (Equity)
*e. Other	
*f. Program Income	
*g. TOTAL	17,000,174

***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 7/20/09

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

* Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: *Date Signed: 7/14/09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June, 2009		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

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

5. APPLICANT INFORMATION

Legal Name: County of San Joaquin

Organizational Unit:
Department: Stockton Metropolitan Airport
Division:

Organizational DUNS: 087226056

Address:
Street: 5000 S. Airport Way, Rm 202
City: Stockton
County: San Joaquin
State: California
Zip Code: 95206-3996
Country: United States of America

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JUL 15 2009
STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Susan
Middle Name:
Last Name: Palmeri
Suffix:
Email: Spalmeri@sjgov.org
Phone number (give area code): (209) 468-4700
FAX number (give area code): (209) 468-4730

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

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

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: (AIP) Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Improve Terminal (expand hold room)(design); Rehabilitate Taxiway H (design); Rehabilitate Taxiway J (design); Rehabilitate airfield electrical (replace duct bank)(design); Upgrade electrical (replace regulator)(construct); Enhance ARFF station (replace doors)(construct).

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

13. PROPOSED PROJECT
Start Date: June, 2009
Ending Date: June, 2010

14. CONGRESSIONAL DISTRICTS OF
a. Applicant: 11
b. Project: 11

15. ESTIMATED FUNDING

a. Federal	$	$668,800 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	$35,200 .00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	$704,000 .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: Supervisor First Name: Leroy Middle Name
Last Name: Ornellas Suffix
b. Title: Chairman, Board of Supervisors c. Telephone number (give area code) (209) 468-2350
d. Signature of Authorized Representative e. Date Signed: JUL 07 2009

Leroy Ornellas

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