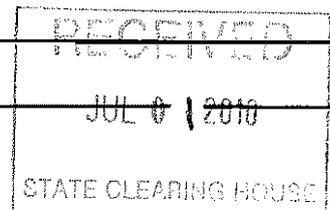


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Corporation for Better Housing		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322		*c. Organizational DUNS: 602791829
d. Address:		
*Street 1:	15303 Ventura Blvd _____	
Street 2:	Suite 1100 _____	
*City:	Sherman Oaks _____	
County:	Los Angeles _____	
*State:	CA _____	
Province:	_____	
*Country:	USA _____	
*Zip / Postal Code	91403 _____	
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: David _____
Middle Name:	_____	
*Last Name:	Sclafani _____	
Suffix:	_____	
Title:	Senior Vice President	
Organizational Affiliation:		
*Telephone Number: 818-905-2430		Fax Number: 818-905-2440
*Email: dsclafani@sbcglobal.net		



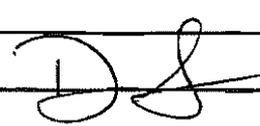
Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)</p>	
<p>*10 Name of Federal Agency: Rural Housing Service, USDA</p>	
<p>11. Catalog of Federal Domestic Assistance Number: <u>Section 10.405 and 10.427</u> CFDA Title: <u>Rural Rental Housing Loans and Rural Rental Assistance Program</u></p>	
<p>*12 Funding Opportunity Number: *Title: </p>	
<p>13. Competition Identification Number: Title: </p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): Ivanhoe, CA</p>	
<p>*15. Descriptive Title of Applicant's Project: See Attached Description.</p>	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-027	*b. Program/Project: CA-021	
17. Proposed Project:		
*a. Start Date: 1/1/2011	*b. End Date: 1/1/2012	
18. Estimated Funding (\$):		
*a. Federal	<u>\$3,000,000 (RHS)</u>	
*b. Applicant	<u>\$28,884 (DDF)</u>	
*c. State	<u>\$4,504,026 (HOME</u>	
*d. Local	<u>and County</u>	
*e. Other	<u>\$5,033,661(Equity)</u>	
*f. Program Income	<u>\$4,000,000 (Serna)</u>	
*g. TOTAL	<u>\$16,566,571</u>	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/1/2010</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: 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: 7/1/2010

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-027		*b. Program/Project: CA-021
17. Proposed Project:		
*a. Start Date: 1/1/2011		*b. End Date: 1/1/2012
18. Estimated Funding (\$):		
*a. Federal	\$3,000,000 (RHS)	
*b. Applicant	\$28,884 (DDF)	
*c. State	\$4,504,026 (HOME	
*d. Local	and County	
*e. Other	\$5,033,661 (Equity)	
*f. Program Income	\$4,000,000 (Serna)	
*g. TOTAL	\$16,566,571	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/1/2010</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.		*First Name: 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: 7/1/2010

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 01 2010 STATE CLEARING HOUSE </div>
*a. Legal Name: Corporation for Better Housing		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322		*c. Organizational DUNS: 602791829
d. Address:		
*Street 1:	<u>15303 Ventura Blvd</u>	
Street 2:	<u>Suite 1100</u>	
*City:	<u>Sherman Oaks</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>91403</u>	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>David</u>
Middle Name:	_____	
*Last Name:	<u>Sciafani</u>	
Suffix:	_____	
Title:	<u>Senior Vice President</u>	
Organizational Affiliation:		
*Telephone Number: 818-905-2430		Fax Number: 818-905-2440
*Email: <u>dsclafani@sbcglobal.net</u>		

Application for Federal Assistance SF-424	Version 02
<p>*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)</p>	
<p>*10 Name of Federal Agency: Rural Housing Service, USDA</p>	
<p>11. Catalog of Federal Domestic Assistance Number: Section 10.405 and 10.427 _____ CFDA Title: Rural Rental Housing Loans and Rural Rental Assistance Program _____</p>	
<p>*12 Funding Opportunity Number: _____ *Title: _____</p>	
<p>13. Competition Identification Number: _____ Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): Reedley, CA</p>	
<p>*15. Descriptive Title of Applicant's Project: See Attached Description.</p>	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-027	*b. Program/Project: CA-021	
17. Proposed Project:		
*a. Start Date: 9/1/2011	*b. End Date: 9/1/2012	
18. Estimated Funding (\$):		
*a. Federal	\$3,000,000 (RHS)	
*b. Applicant	\$115,991 (DDF)	
*c. State	\$1,750,000	
*d. Local	(Serna+City RDA)	
*e. Other	\$12,139,358 (Equity)	
*f. Program Income	\$640,000 (AHP)	
*g. TOTAL	\$17,645,349	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/1/2010</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: David	
Middle Name:		
*Last Name: Sciafani		
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: 7/1/2010

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

Preapplication

Application

Changed/Corrected Application

* 2. Type of Application:

New

Continuation

Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

JUL 01 2010

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

II. APPLICANT INFORMATION:

* a. Legal Name: QSolar Technology Inc

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

010925329

* c. Organizational DUNS:

831061887

d. Address:

* Street1: 10387 Scenic Blvd.

Street2: _____

* City: Cupertino

County: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95014

e. Organizational Unit:

Department Name: _____

Division Name: _____

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

Prefix: Dr. * First Name: Kyu Hyun

Middle Name: _____

* Last Name: Choi

Suffix: _____

Title: Chief Technical Officer

Organizational Affiliation:

QSolar Technology, Inc

* Telephone Number: 408-318-2168

Fax Number: _____

* Email: kyu@qsolarinc.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:

Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000234

*** Title:**

High Impact Supply Chain R&D for PV Technologies and Systems

13. Competition Identification Number:

Title:

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

US-All

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

High impact PV manufacturing techniques and processing steps for improved optical and electrical performance

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-015	* b. Program/Project: US-All
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	01/01/2011	* b. End Date: 08/31/2013
18. Estimated Funding (\$):		
* a. Federal	2,870,679.00	
* b. Applicant	717,642.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	3,588,321.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2010.		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="Explanation"/>		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
Authorized Representative:		
Prefix:	Dr.	* First Name: Kyu Hyun
Middle Name:		
* Last Name:	Choi	
Suffix:		
* Title:	Chief Technical Officer	
* Telephone Number:	408-255-7353	* Fax Number:
* Email:	kyu@qsolarinc.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Corporation for Better Housing		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322		*c. Organizational DUNS: 602791829
d. Address:		
*Street 1:	<u>15303 Ventura Blvd</u>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 02 2010 STATE CLEARING HOUSE </div>
Street 2:	<u>Suite 1100</u>	
*City:	<u>Sherman Oaks</u>	
County:	<u>Los Angeles</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>91403</u>	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Mr.</u>	*First Name: <u>David</u>
Middle Name:	_____	
*Last Name:	<u>Sclafani</u>	
Suffix:	_____	
Title:	<u>Senior Vice President</u>	
Organizational Affiliation:		
*Telephone Number: 818-905-2430		Fax Number: 818-905-2440
*Email: <u>dsclafani@sbcglobal.net</u>		

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:**

Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:Section 10.405 and 10.427

CFDA Title:

Rural Rental Housing Loans and Rural Rental Assistance Program***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

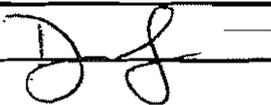
Title:

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

Ivanhoe, CA

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

See Attached Description.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-027		*b. Program/Project: CA-021
17. Proposed Project:		
*a. Start Date: 1/1/2011		*b. End Date: 1/1/2012
18. Estimated Funding (\$):		
*a. Federal	\$3,000,000 (RHS)	
*b. Applicant	\$132,356 (DDF)	
*c. State	\$4,504,026 (HOME	
*d. Local	and County	
*e. Other	\$5,062,267 (Equity)	
*f. Program Income	\$4,000,000 (Serna)	
*g. TOTAL	\$16,566,571	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/1/2010</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.		*First Name: David
Middle Name:		
*Last Name: Sciafani		
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: 7/1/2010

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
		15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-035 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <p>a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with OCR may be obtained by visiting the Grants.gov website.</p> <p>b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-444444.</p> <p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> <p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> <p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</p>		
9.			
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
		<p>20. Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
<p>2.</p>	<p>Type of Applicant (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td data-bbox="211 451 544 997"> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public Indian Housing Authority </td> <td data-bbox="544 451 876 997"> <ul style="list-style-type: none"> M. Nonprofit with 501(C)3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501(C)3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table>	<ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public Indian Housing Authority 	<ul style="list-style-type: none"> M. Nonprofit with 501(C)3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501(C)3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) 	<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public Indian Housing Authority 	<ul style="list-style-type: none"> M. Nonprofit with 501(C)3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501(C)3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) 			

15. Descriptive Title of Applicant's Project

IVANHOE FAMILY APARTMENTS

The proposed Ivanhoe Family Apartments will be located in the unincorporated community of Ivanhoe, Tulare County, California. The approximate 4.6 acre parcel is located on State Route 216 at Avenue 327 in Ivanhoe's Central Business District.

The proposed development is conveniently located within easy walking distance to local schools and shopping. The apartments will be located in five 2-story garden-style buildings, and will include 144 parking spaces for residents and visitors. Of the 80 apartments planned for this development, 16 apartments will be one-bedroom units, 32 two-bedroom units and 32 apartments will be three-bedroom units. The development will also include a one-story, freestanding clubhouse of approximately 1,551 square feet.

The estimated construction period is from January 2011 through January 2012. The buildings will be constructed as follows:

<u>Foundations:</u>	perimeter-type reinforced concrete footings with concrete slab floors
<u>Exterior Walls:</u>	multi-colored stucco
<u>Roof:</u>	pitched
<u>Number of Stories:</u>	two stories

Each apartment in the proposed development will include the following amenities: range, frost-free refrigerator, oven, dishwasher, garbage disposal, central heating and air conditioning, granite countertops, vertical blinds, carpeting, coat closet and will include CAT 5 wiring. All of the apartments will be designed for energy efficiency and include energy star rated appliances.

Common amenities include laundry facilities, a perimeter fence, gated entry, clubhouse, community room with common kitchen, computer room with high-speed internet connection, barbeque area and on-site management.

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Cabrillo Economic Development Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1681521	*c. Organizational DUNS: 143960368
--	---------------------------------------

d. Address:

*Street 1: 702 County Square Drive

Street 2: _____

*City: Ventura

County: Ventura

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code: 93003

e. Organizational Unit:

Department Name:	Division Name: <u>Real Estate Development</u>
------------------	--

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

Prefix: Ms. *First Name: Karen

Middle Name: _____

*Last Name: Flock

Suffix: _____

Title: Real Estate Development Director

Organizational Affiliation:
 Employee/staffmember

*Telephone Number: 805.672.2576 Fax Number: 805.659.3791

*Email: kflock@cabrilloedc.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:

S. Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

E. Regional Organization

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Agriculture - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.415

CFDA Title:

Farm Labor Housing Loan

***12 Funding Opportunity Number:**

Section 514

***Title:**

Farm Labor Housing Loan for Off Farm Housing and Rental Assistance

13. Competition Identification Number:

Title

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

City of Ventura, County of Ventura, State of California

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

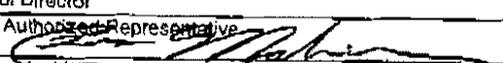
Azanar Place, 60 unit housing development in Ventura, California for farmworker and other low-income households.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a Applicant: CA-023	*b. Program/Project: CA-024	
17. Proposed Project:		
*a Start Date: 11/10/10	*b. End Date: 12/15/11	
18. Estimated Funding (\$):		
*a Federal	4,331,121	
*b Applicant	9,654,020	
*c State	7,769,000	
*d Local	3,000,000	
*e Other	3,716,000	
*f. Program Income		
*g TOTAL	28,667,141	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7-1-2010</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Ms.	*First Name: Karen	
Middle Name:		
*Last Name: Flock		
Suffix:		
*Title: Director of Real Estate Development		
*Telephone Number: 805.672.2576	Fax Number: 805.659.3195	
*Email: kflock@cabrilloedc.org		
*Signature of Authorized Representative: <i>Kc Flock</i>	*Date Signed: 7-2-10	

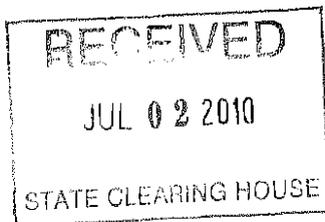
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 28, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Camptonville Academy		Organizational Unit: Department: N/A	
Organizational DUNS: 01-673-5883		Division: N/A	
Address: Street: 650 Gold Flat Road, Suite A		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chris	
City: Nevada City		Middle Name: Earl	
County:		Last Name: Mahurin	
State: California	Zip Code: 95959	Suffix:	
Country: USA		Email: cmahurin@coretca.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3353799		Phone Number (give area code): (530)742-2786 ex. 202	Fax Number (give area code): (530)742-6067
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify): California Public Charter School	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Direct Loan Program (USDA)		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Marysville/Yuba County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SEE ATTACHED	
13. PROPOSED PROJECT Start Date: October 2010 Ending Date: July 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California 2nd Congressional Dist. b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,519,752	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6-28-10 (FAX)	
b. Applicant	\$ 425,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 2,944,752		
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: Chris	Middle Name: Earl	
Last Name: Mahurin	Suffix:		
b. Title: School Director	c. Telephone Number (give area code): (530)742-2788 ex. 202		
d. Signature of Authorized Representative: 	e. Date Signed: June 28, 2010		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102



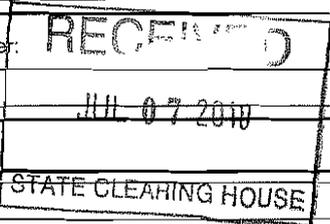
Application for Federal Assistance SF-424

Version 02

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

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

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



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

B. APPLICANT INFORMATION:

*** a. Legal Name:** University of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1642394	* c. Organizational DUNS: 072933393
--	---

d. Address:

* Street1:	837 Downey Way
Street2:	STO-315
* City:	Los Angeles
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90089-1147

e. Organizational Unit:

Department Name: Contracts & Grants	Division Name: Contracts & Grants
---	---

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

Prefix: _____	* First Name: Vicki
Middle Name: _____	
* Last Name: Iwata	
Suffix: _____	

Title: Contracts & Grants Administrator

Organizational Affiliation:

* Telephone Number: 213-740-7762	Fax Number: 213-740-6070
---	---------------------------------

*** Email:** viwata@usc.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

O: Private 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:**

Bureau of Reclamation, Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R10SF80251

* Title:

Desalination and Water Purification Research and Development (DWPR)

13. Competition Identification Number:

NONE

Title:

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

California

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

Laboratory Testing to Maximize the Efficiency of Subsurface Feed Water Supplies for Desalination Treatment Plants

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="149,450.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="149,450.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 07/06/2010	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: Agricultural Waste Solutions, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 42-1610041	* c. Organizational DUNS: 9455438120000

d. Address:

* Street1:	4607 Lakeview Canyon Rd.
Street2:	185
* City:	Westlake Village
County:	Ventura
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91361-4208

e. Organizational Unit:

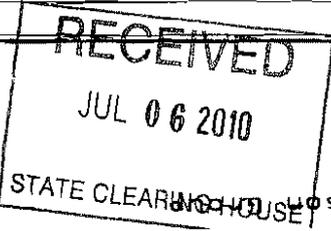
Department Name: Corporate	Division Name: n/a
----------------------------	--------------------

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

Prefix: Mr.	* First Name: Patrick
Middle Name: Arthur	
* Last Name: Nielson	
Suffix:	
Title: Director/Chief Legal Officer	
Organizational Affiliation:	

* Telephone Number: 18188028400	Fax Number: 18185918980
---------------------------------	-------------------------

* Email: nielson@agwastesolutions.com



Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: R: Small Business	
Type of Applicant 2: Select Applicant Type: Q: For-Profit Organization (Other than Small Business)	
Type of Applicant 3: Select Applicant Type: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: Golden Field Office	
11. Catalog of Federal Domestic Assistance Number: 81.087	
CFDA Title: Renewable Energy Research and Development	
* 12. Funding Opportunity Number: DE-FOA-0000341	
* Title: Biomass Research and Development Initiative	
13. Competition Identification Number: <input type="text"/>	
Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): Beaumont, Lake Elsinore, Perris, Canyon Lake, San Jacinto, Moreno Valley, Riverside, Murrieta, Valle Vista, East Hemet, Lakeview, Nuevo, Winchester, Homeland; Riverside County, California; San Jacinto River Watershed, Canyon Lake and Lake Elsinor.	
* 15. Descriptive Title of Applicant's Project: San Jacinto Biofuels Production #1A--Demonstration project for the efficient conversion of dairy manure to biofuels, principally renewable diesel. Demonstration.	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424 Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,000,000.00"/>
* b. Applicant	<input type="text" value="7,285,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,285,000.00"/>

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

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

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

Authorized Representative:

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

* Title:
 * Telephone Number: Fax Number:
 * Email:
 * Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

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

2. DATE SUBMITTED: June 28, 2010

3. DATE RECEIVED BY STATE: _____

4. DATE RECEIVED BY FEDERAL AGENCY: _____

Applicant Identifier: _____

State Application Identifier: _____

Federal Identifier: _____

5. APPLICANT INFORMATION

Legal Name: Port of Oakland

Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners

Address (give city, county, state, and zip code): 530 Water Street, Oakland, CA 94607

Name and telephone number of the person to be contacted on matters involving this application (give area code): Christina Lee (510) 627-1510

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

8. TYPE OF APPLICATION:
 New
 Continuation
 Revision
 Increase Award
 Decrease Award
 Increase Duration
 Decrease Duration
 If Revision, enter appropriate letter(s) in box(es):

EMPLOYER IDENTIFICATION NUMBER (EIN): **94-1746312**

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **201006**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Runways Safety Area Improvement

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area

13. PROPOSED PROJECT: _____

14. CONGRESSIONAL DISTRICTS OF: _____

15. ESTIMATED FUNDING

a. Federal	\$ 805,900.00
b. Applicant	\$ 194,100.00
c. State	\$.
d. Local	\$.
e. Other	\$.
f. Program Income	\$.
g. TOTAL	\$ 1,000,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 28, 2010

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 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

19. START DATE: 07/2010

20. ENDING DATE: 06/2011

21. APPLICANT: 7

22. PROJECT: 4

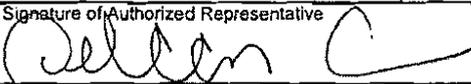
a. Typed Name of Authorized Representative: Deborah Ale Flint

b. Title: Director of Aviation

c. Telephone number: (510) 627-1133

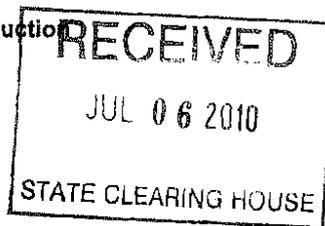
d. Signature of Authorized Representative: *Deborah Ale Flint*

e. Date Signed: June 28, 2010

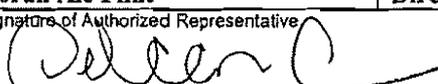
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 28, 2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Port of Oakland		Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners	
Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607		Name and telephone number of the person to be contracted on matters involving this application (give area code) Christina Lee (510) 627-1510	
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 . 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of High-Speed Taxiways Yankee and Victor, South Field, OIA	
TITLE: Airport Improvement Program (AIP)			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 11/2010	Ending Date 05/2011	a. Applicant 7	b. Project 4
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 2,604,349 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 627,254 .00	DATE: June 28, 2010	
c. State	\$.	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.		
f. Program Income	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 3,231,603 .00	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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 Deborah Ale Flint		b. Title Director of Aviation	c. Telephone number (510) 627-1133
d. Signature of Authorized Representative 			e. Date Signed June 28, 2010

Previous Editions Not Usable

Authorized for Local Reproduction

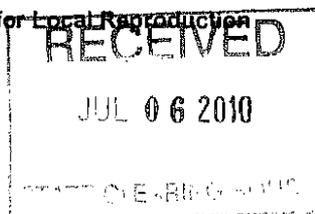


Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 28, 2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Port of Oakland		Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners	
Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607		Name and telephone number of the person to be contracted on matters involving this application (give area code) Christina Lee (510) 627-1510	
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 . 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reconstruction of East Apron, Phase 3 (Non-VALE Portion of Alternate E), South Field, OIA	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 01/2011	Ending Date 07/2011	a. Applicant 7	b. Project 4
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 2,157,742 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 519,689 .00	DATE: June 28, 2010	
c. State	\$.	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,677,431 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Deborah Ale Flint		b. Title Director of Aviation	c. Telephone number (510) 627-1133
d. Signature of Authorized Representative 			e. Date Signed June 28, 2010

Previous Editions Not Usable

Authorized for Local Reproduction



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

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

July 9, 2010

4. Applicant Identifier:

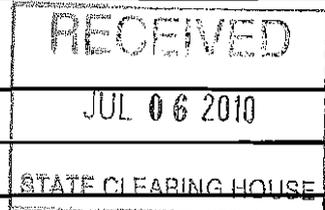
N/A

5a. Federal Entity Identifier:

N/A

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

N/A



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Peoples' Self-Help Housing Corporation

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

95- 2750154

*c. Organizational DUNS:

09-641-4412

d. Address:

*Street 1: 3533 Empleo Street

Street 2: _____

*City: San Luis Obispo

County: San Luis Obispo

*State: CA

Province: N/A

*Country: USA

*Zip / Postal Code 93401

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

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

Prefix: _____ *First Name: Mark

Middle Name: _____

*Last Name: Wilson

Suffix: _____

Title: Senior Project Manager

Organizational Affiliation:

Peoples' Self-Help Housing Corporation

*Telephone Number: (805) 783-4460

Fax Number: (805) 544-1901

*Email: markw@pshhc.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:**
Rural Housing Service, United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants

***12 Funding Opportunity Number:**

514/516

*Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing

13. Competition Identification Number:

Title:

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

Carpinteria, Santa Barbara County, California

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

33 unit permanently affordable multi-family rental housing project located in Carpinteria, California. A project summary is attached.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 22nd

*b. Program/Project: 23rd

17. Proposed Project:

*a. Start Date: June 1, 2011

*b. End Date: September 30, 2012

18. Estimated Funding (\$):

*a. Federal	1,000,000
*b. Applicant	200,000
*c. State	500,000
*d. Local	11,204,725
*e. Other	
*f. Program Income	
*g. TOTAL	12,904,725

***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 07-002-2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

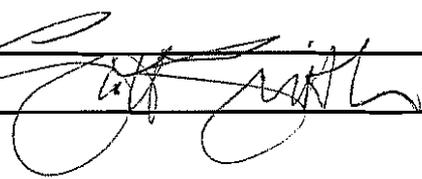
Prefix: _____ *First Name: Scott
Middle Name: _____
*Last Name: Smith
Suffix: _____

*Title: Deputy Director

*Telephone Number: 805-781-3088

Fax Number: 805-544-1901

* Email: scotts@pshhc.org

*Signature of Authorized Representative: 

*Date Signed: 6/18/10

Application for Federal Assistance SF-424

Version 02

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

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

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

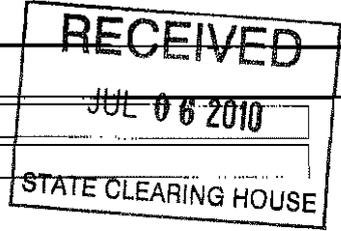
State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>PlasmaSi Inc.</u>

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>364370104</u>	* c. Organizational DUNS: <u>829805667</u>
---	---



d. Address:

* Street1: <u>3754 Spinnaker Court</u>
Street2: _____
* City: <u>Fremont</u>
County: <u>Alameda</u>
* State: <u>CA; California</u>
Province: _____
* Country: <u>USA; UNITED STATES</u>
* Zip / Postal Code: <u>94538-6537</u>

e. Organizational Unit:

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

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

Prefix: <u>Dr.</u>	* First Name: <u>Stephen</u>
Middle Name: _____	
* Last Name: <u>Savas</u>	
Suffix: <u>Ph.D</u>	
Title: <u>CEO, PlasmaSi Inc.</u>	

Organizational Affiliation: _____

* Telephone Number: <u>(510) 468-4174</u>	Fax Number: _____
* Email: <u>steve.savas@plasmaSi.com</u>	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

H1.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000234

* Title:

High Impact Supply Chain R&D for PV Technologies and Systems

13. Competition Identification Number:

Title:

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

Fremont, Alameda County, California

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

PlasmaSi Inc. is developing a new technology that will be used to deposit Thin Film Silicon layers that will become solar panels at much lower cost and with higher solar conversion efficiency.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-013

* b. Program/Project CA-013

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

17. Proposed Project:

* a. Start Date: 09/15/2010

* b. End Date: 09/30/2013

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 07/02/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Dr. * First Name: Stephen
Middle Name: Edward
* Last Name: Savas
Suffix: Ph.D.

* Title: CEO

* Telephone Number: (510) 468-4174 Fax Number: (510) 661-0397

* Email: steve.savas@plasmael.com

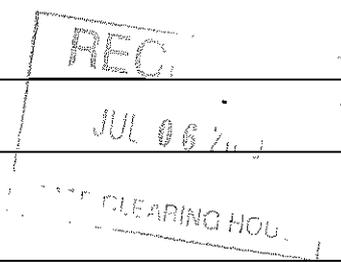
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Indian Manpower Consortium, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2465274	*c. Organizational DUNS: 098086424

d. Address:

*Street1: 738 North Market Boulevard
Street 2:
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA

*Zip/ Postal Code: 95816

e. Organizational Unit:

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

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

Prefix: Ms. First Name: Lorenda
Middle Name:
*Last Name: Sanchez
Suffix:
Title: Executive Director
Organizational Affiliation:
California Indian Manpower Consortium, Inc.

*Telephone Number: 916 920-0285	Fax Number: 916 641-6338
*Email: lorends@cimcinc.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **K. Indian/Native American Tribally Designated Organization**

Type of Applicant 2: Select Applicant Type:

M. Nonprofit

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA Rural Business Cooperative Service

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grant (RBOG)

*12. Funding Opportunity Number:

*Title:

Rural Business Opportunity Grants (RBOG)

13. Competition Identification Number:

Title:

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

**Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Lake Marin, Napa, Nevada, Placer, San Joaquin, Sacramento, Sierra, Solano, Sonoma, Sutter, Yolo, Yuba
Imperial, Orange, Riverside, San Bernardino, San Diego**

*15. Descriptive Title of Applicant's Project:

California Native Entrepreneurs Opportunity Fund (CNEOF)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California

*a. Applicant CA-005

*b. Program/Project: CA-002,003,004,005,041,045,049,

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

CA-051,052,053

17. Proposed Project: RBOG: CNEOF

*a. Start Date: September 2010

*b. End Date: August 2012

18. Estimated Funding (\$):

*a. Federal \$239,610.00

*b. Applicant \$12,000.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$251,610.00

***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 6/29/2010

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Lorenda

Middle Name: T.

*Last Name: Sanchez

Suffix:

*Title: Executive Director

*Telephone Number: 916 716-7369

Fax Number: 916 641-6338

*Email: lorendas@cimcinc.com

*Signature of Authorized Representative: *Lorenda Sanchez* Date Signed: June 28, 2010

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Mountain Valleys Health Centers		Organizational Unit: Department:	
Organizational DUNS: 110279437		Division:	
Address: Street: P.O. Box 277		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Bieber		Prefix: Mr.	First Name: J.
County: Lassen		Middle Name: David	RECEIVED JUL 06 2010
State: CA		Last Name: Jones	
Zip Code: 96009	Suffix:		STATE CLEARING HOUSE
Country: United States of America	Email: djones@mntvalleyhc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2533006		Phone Number (give area code) (530) 294-5114	Fax Number (give area code) (530) 294-5392
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loans and Grants 10-766		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State: California Counties: Lassen, Modoc, Shasta, Siskiyou		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The purchase of needed equipment for the Big Valley Health Center in Bieber, CA, along with needed equipment for the organization's Diabetic Education Program.	
13. PROPOSED PROJECT Start Date: August 1, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-04	
Ending Date: July 1, 2011		b. Project CA-02, CA-04	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 34,252 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 16, 2010	
b. Applicant	\$ 11,418 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 45,670 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name J.	Middle Name David	
Last Name Jones		Suffix	
b. Title CEO		c. Telephone Number (give area code) (530) 294-5114	
d. Signature of Authorized Representative		e. Date Signed 6-15-10	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Mountain Valleys Health Centers		Organizational Unit: Department:	
Organizational DUNS: 110279437		Division:	
Address: Street: P.O. Box 277		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Bieber		Prefix: Mr.	First Name: J.
County: Lassen		Middle Name: David	JUL 06 2010 STATE CLEARING HOUSE
State: CA		Last Name: Jones	
Zip Code: 96009	Suffix:		
Country: United States of America		Email: djones@mntnvalleyhc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2533006		Phone Number (give area code) (530) 294-5114	Fax Number (give area code) (530) 294-5392
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loans and Grants 10-766		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State: California Counties: Lassen, Modoc, Shasta, Siskiyou		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The purchase of needed equipment for Mountain Valleys Health Centers' clinics located in Shasta and Siskiyou Counties, California.	
13. PROPOSED PROJECT Start Date: August 1, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-04	
Ending Date: July 1, 2011		b. Project CA-02	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 35,947 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 16, 2010	
b. Applicant	\$ 11,982 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 47,929 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name J.	Middle Name David	Suffix
Last Name Jones		c. Telephone Number (give area code) (530) 294-5114	
b. Title CEO		e. Date Signed 6-15-10	
d. Signature of Authorized Representative			

Application for Federal Assistance SF-424

*1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

*2. Type of Application:

- New
 Continuation
 Revision

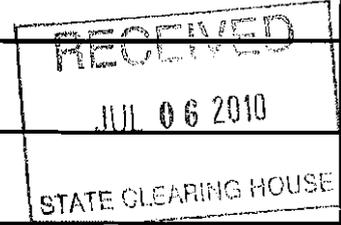
* If Revision, select appropriate letter(s):

*Other (Specify):

*3. Date Received:

Completed by Grants.gov upon submission

4. Applicant Identifier:



5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of San Bernardino

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

95-6002748

*c. Organizational DUNS:

d. Address:

*Street 1: 104 West Fourth Street

Street 2:

*City: San Bernardino

County/Parish: San Bernardino

*State: CA: California

Province:

*Country: USA: United States

*Zip / Postal Code: 92415-0035

e. Organizational Unit:

Department Name:

San Bernardino County Library

Division Name:

Administration Office

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

Prefix: Mr. *First Name: Ed

Middle Name:

*Last Name: Kieczkowski

Suffix:

Title: County Librarian

Organizational Affiliation:

*Telephone Number: (909) 387-5721

Fax Number: (909) 387-5724

*Email: ekieczkowski@lib.sbcounty.gov

Application for Federal Assistance SF-424

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:**

United States Department of Agriculture Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.446

CFDA Title:

Rural Community Development Initiative

***12 Funding Opportunity Number:**

USDA-RD-HCFP-RCDI-2010

*Title:

Community Facilities Direct Loan Program

13. Competition Identification Number:

Title:

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

Unincorporated City of Muscoy and residents of the County of San Bernardino

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

Baker Family Learning Center Library Facility Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-043

*b. Program/Project: CA-043

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

17. Proposed Project:

*a. Start Date: 06/01/2011

*b. End Date: 07/31/2012

18. Estimated Funding (\$):

*a. Federal	\$2,000,000.
*b. Applicant	\$2,400,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$4,400,000

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

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

- Yes
- No

If "Yes", provide explanation and attach.

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: Ed
Middle Name:
*Last Name: Kieczkowski
Suffix:

*Title: County Librarian

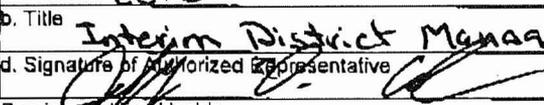
*Telephone Number: (909) 387-5721 Fax Number:

* Email: ekieczykowski@lib.sbcounty.gov

*Signature of Authorized Representative: *Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY JUN 24 2010	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Mountain Gate Community Services District		Organizational Unit: Department: Water Enterprise	
Organizational DUNS: 023664203		Division:	
Address: Street: 14508 Wonderland Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jeff	
City: Redding		Middle Name D.	
County: Shasta		Last Name Cole	
State: CA	Zip Code 96003	Suffix:	
Country: USA		Email: mgcad@shasta.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6050023		Phone Number (give area code) 530 275-3002	Fax Number (give area code) 530 275-3043
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/> B		7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: USDA, Rural Development	
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Backwash Recycle Project including install 8x30 pressure filter, extend WTP. Recoat interior and exterior of existing 0.25 MG storage tank and convert to a recycle tank, line existing backwash pond for sludge. Construct pipeline from WTP to Lehigh pond. Construct new 0.5 mg water storage tank. Miscellaneous improvements.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Mountain Gate, Shasta County, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Herger (2) b. Project Herger (2)	
13. PROPOSED PROJECT Start Date: 4/2011 Ending Date: 10/2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 768,400 ⁰⁰		
b. Applicant	\$ 126,200 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 894,600 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Jeff	Middle Name D.	
Last Name Cole		Suffix	
b. Title Interim District Manager		c. Telephone Number (give area code) (530) 275-3002	
d. Signature of Authorized Representative 		e. Date Signed 6-22-2010	

Previous Edition Usable
Authorized for Local ReproductionRECEIVED
JUL 06 2010
STATE CLEARING HOUSEStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED June 17, 2010	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application

Construction Construction

X Non-Construction Non-Construction

5. APPLICANT INFORMATION

Legal Name: Imperial County	Organizational Unit: Department: Airport Department
Organizational DUNS: 168997570	Division:
Address: Street: 852 Broadway	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: El Centro	Prefix: Mr.
County: Imperial	First Name: Stephen
State: California	Middle Name: L.
Zip Code: 92243	Last Name: Birdsall
Country: U.S.A.	Suffix:
	Email: stephenbirdsall@co.imperial.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 9 2 4

Phone Number (give area code): (760) 482-4314

Fax Number (give area code): (760) 353-9420

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

C. Municipal

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

2 0 - 1 0 6

TITLE (Name of Program):
Airport Improvement Program (AIP)

9. NAME OF FEDERAL AGENCY:
U.S.D.O.T. - Federal Aviation Administration LAX - ADO

11. DESCRIPTIVE TITLE OF APPLICANT PROJECT:
Imperial County Airport Feasibility Study, Imperial County, CA

12. AREAS AFFECTED BY PROJECT (Cities, Counties, State's etc.):
City of Imperial, Imperial County, California

13. PROPOSED PROJECT

Start Date: April 2010

Ending Date: December 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 51

b. Project 51

15. ESTIMATED FUNDING:

a. Federal	\$	100,000	.00
b. Applicant	\$	5,265	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	105,265	.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: 9 July, 2010

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Mr.	First Name Stephen	Middle Name L.
Last Name Birdsall	Suffix	
b. Title Director of Airports	c. Telephone Number (give area code) (760) 842-4314	
d. Signature of Authorized Representative	e. Date Signed, 6 Jul 10	

APPLICATION FOR FEDERAL ASSISTANCE

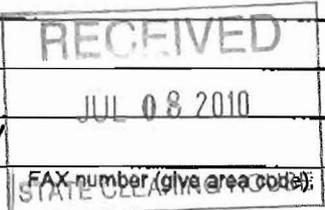
2. DATE SUBMITTED July 7, 2010	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
--	--

5. APPLICANT INFORMATION

Legal Name: County of Los Angeles	Organizational Unit: Department: Public Works
Organizational DUNS: 809440845	Division: Aviation
Address: Street: 900 South Fremont Avenue, A-9 East - 1st. Floor	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard
City: Alhambra	Middle Name: L.
County: Los Angeles	Last Name: Smith
State: California Zip Code: 91803-1331	Suffix:
Country: USA	Email: rsmith@dpw.lacounty.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	-	6	0	0	0	9	2	7
---	---	---	---	---	---	---	---	---	---

Phone number (give area code): **(626) 300-4602**
 FAX number (give area code): **(626) 300-4620**

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
 Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
---	---	---	---	---	---

TITLE: **Airport Improvement Program (AIP)**

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration - Airports Division

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Airport Pavement Assessment Project for the five County of Los Angeles Airports. :

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City of Compton, El Monte, La Verne, Lancaster, and Pacoima Area, City of Los Angeles, County of Los Angeles, California

13. PROPOSED PROJECT

Start Date September 2010	Ending Date September 2011
-------------------------------------	--------------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant 22 Through 38	b. Project 22, 25, 28, & 37
--------------------------------------	---

15. ESTIMATED FUNDING

a. Federal	\$	300,000	.00
b. Applicant	\$	16,000	.00
c. State	\$	0	.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	316,000	.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: **July 8, 2010**

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

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

a. Authorized Representative

Prefix Mr.	First Name Diego	Middle Name
Last Name Cadena	Suffix	
b. Title Deputy Director	c. Telephone number (give area code) (626) 300-4602	
d. Signature of Authorized Representative 	e. Date Signed 7-6-10	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

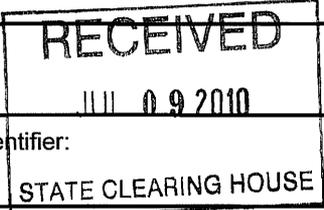
- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:
July 9, 2010

4. Applicant Identifier:
N/A



5a. Federal Entity Identifier:
N/A

*5b. Federal Award Identifier:
N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Peoples' Self-Help Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2750154

*c. Organizational DUNS:
09-641-4412

d. Address:

*Street 1: 3533 Empleo Street
Street 2: _____
*City: San Luis Obispo
County: San Luis Obispo
*State: CA
Province: N/A
*Country: USA
*Zip / Postal Code: 93401

e. Organizational Unit:

Department Name:
N/A

Division Name:
N/A

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

Prefix: _____ *First Name: Mark
Middle Name: _____
*Last Name: Wilson
Suffix: _____

Title: Senior Project Manager

Organizational Affiliation:
Peoples' Self-Help Housing Corporation

*Telephone Number: (805) 783-4460

Fax Number: (805) 544-1901

*Email: markw@pshhc.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:**

Rural Housing Service, United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427 _____

CFDA Title:

Farm Labor Housing Loans and Grants _____

***12 Funding Opportunity Number:**

514/516 _____

*Title:

Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing _____

13. Competition Identification Number:

Title:

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

Santa Maria, Santa Barbara County, California

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

34 unit permanently affordable multi-family rental housing project located in Santa Maria, California. A project summary is attached.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 22nd

*b. Program/Project: 23rd

17. Proposed Project:

*a. Start Date: June 1, 2011

*b. End Date: September 30, 2012

18. Estimated Funding (\$):

*a. Federal	_____	500,000
*b. Applicant	_____	306,000
*c. State	_____	1,000,000
*d. Local	_____	1,300,000
*e. Other	_____	
*f. Program Income	_____	7,522,507
*g. TOTAL	_____	10,628,507

***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 07-002-2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Scott

Middle Name: _____

*Last Name: Smith

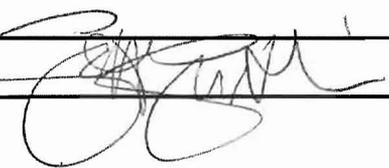
Suffix: _____

*Title: Deputy Director

*Telephone Number: 805-781-3088

Fax Number: 805-544-1901

* Email: scotts@pshhc.org

*Signature of Authorized Representative: 

*Date Signed: 7/6/10

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 23, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Kings Community Action Organization		Department:	
Organizational DUNS: 095635413		Division:	
Address: Street: 1130 N. 11th Ave.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Hanford		Prefix: Mr.	First Name: Jeff
County: Kings County		Middle Name Grant	
State: CA		Last Name Garner	
Zip Code 93230		Suffix:	
Country: United States of America		Email: jgarner@kcao.org	

RECEIVED

 JUL 09 2010

 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 6 0 4 4 5 5		Phone Number (give area code) 559-415-7204	Fax Number (give area code) 559-582-2146
---	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Not for Profit Organization Other (specify)	
---	--	--	--

9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE (Name of Program): Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The KCAO Kettleman City Opportunity Center	
---	--	---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kettleman City, Kings County CA	
--	--

13. PROPOSED PROJECT Start Date: 10/1/2010 Ending Date: 9/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th b. Project 20th	
---	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 50,000.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 200,000.00		

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

a. Authorized Representative			
Prefix Mr.	First Name William	Middle Name Timothy	Suffix
Last Name O'Connell		c. Telephone Number (give area code) 559-415-7203	
b. Title Deputy Director		e. Date Signed June 23, 2010	
d. Signature of Authorized-Representative 			

Previous Edition Usable
Authorized for Local Reproduction

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

437749716

Rec 6/23/10
mce

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7/8/2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Access Services, Inc.		Organizational Unit: Department:	
Organizational DUNS: 883300121		Division:	
Address: Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
PO Box 5728		Prefix:	First Name: Gilbert
City: El Monte		Middle Name	
County: Los Angeles		Last Name Garza	
State: CA	Zip Code 91734-1728	Suffix:	
Country: USA		Email: garza@asila.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 4 8 9 7 1 1		Phone Number (give area code) 213-270-6000	Fax Number (give area code) 213-270-6048
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
13. PROPOSED PROJECT Start Date: 7/1/2011 Ending Date: 6/30/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21-47 b. Project 21-47	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,405,980.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 1,252,200.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,658,180.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Gilbert	Middle Name	
Last Name Garza			Suffix
b. Title Grants Analyst			c. Telephone Number (give area code) 213-270-6000
d. Signature of Authorized Representative			e. Date Signed 7/8/2010

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-006

*b. Program/Project: CA-006

17. Proposed Project:

*a. Start Date: 10/01/2010

*b. End Date: 09/30/2012

18. Estimated Funding (\$):

*a. Federal 99,000
*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 07/09/2010
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

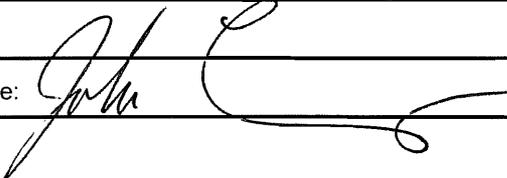
Prefix: Mr. *First Name: John
Middle Name: _____
*Last Name: Lowry
Suffix: _____

*Title: Executive Director

*Telephone Number: 707-526-1020 ext. 213

Fax Number: 707-526-9811

* Email: jlowry@burbankhousing.org

*Signature of Authorized Representative: 

*Date Signed: 7/9/10

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

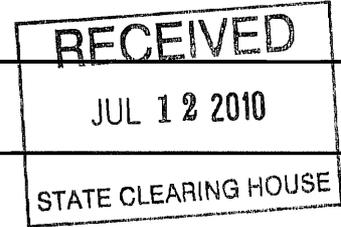
- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Burbank Housing Development Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2837785

*c. Organizational DUNS:
103427225

d. Address:

*Street 1: 790 Sonoma Avenue
Street 2: _____
*City: Santa Rosa
County: Sonoma
*State: California
Province: _____
*Country: USA
*Zip / Postal Code 95404

e. Organizational Unit:

Department Name:
Development

Division Name:

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

Prefix: Ms. *First Name: Chaney
Middle Name: _____
*Last Name: Delaire
Suffix: _____

Title: Senior Project Manager

Organizational Affiliation:

*Telephone Number: (707) 526-1020 ext. 255

Fax Number: (707) 526-9811

*Email: cdelaire@burbankhousing.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:

10-420 _____

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Sebastopol, Sonoma County, California

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

Hollyhock Mutual Self-Help Homes. Development of 34 Mutual Self-Help Homes.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-006

*b. Program/Project: CA-006

17. Proposed Project:

*a. Start Date: 10/01/2010

*b. End Date: 09/30/2012

18. Estimated Funding (\$):

*a. Federal _____ 119,000
*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 July 9, 2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

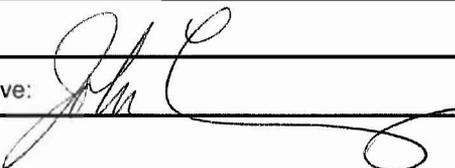
Prefix: Mr. _____ *First Name: John _____
Middle Name: _____
*Last Name: Lowry _____
Suffix: _____

*Title: Executive Director

*Telephone Number: 707-526-1020 ext. 213

Fax Number: 707-526-9811

* Email: jlowry@burbankhousing.org

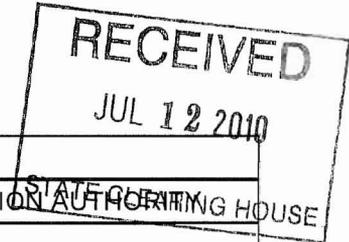
*Signature of Authorized Representative: 

*Date Signed: 7/9/10

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-Y778
Budget Number:	1 - Budget Pending Approval
Project Information:	FY10 Growing States - PM Rail

Part 1: Recipient Information

Project Number:	CA-90-Y778
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$9,241,250
Project Number:	CA-90-Y778	Adjustment Amt:	\$0
Project Description:	FY10 Growing States - PM Rail	Total Eligible Cost:	\$9,241,250
Recipient Type:	Transit Authority	Total FTA Amt:	\$7,393,000
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Kathy Banh 213.922-7635	Total Local Amt:	\$1,848,250
New/Amendment:	New	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2010 - Jun. 30, 2011	Est. Oblig Date:	None Specified
Recvd. By State:			

Project Details

On behalf of the Los Angeles County Metropolitan Transportation Authority (MTA), I hereby submit The FY10 Growing States grant application for \$7,393,000. Please see FY10 FTA Section 5307 Inter-county Allocation spreadsheet attached.

The federal funds will be matched with \$1,848,250 in Prop A Rail 35% for a total application amount of \$9,241,250.

The Growing States funds will be used for preventive maintenance activities for the operation light and heavy rail service.

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

The required FY2010 Certifications and Assurances were electronically filed in.

Funds requested in this application are included in the Transportation Improvement Program approved by the FTA on 10/28/09.

A thorough review has been made of the Department of Labor's application checklist. It has been determined that all applicable information required by said checklist is present within this application.

Earmarks

No information found.

Security

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

Part 3: Budget**Project Budget**

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
127-00 OTHER CAPITAL ITEMS (RAIL)	0	\$7,393,000.00	\$9,241,250.00
ACTIVITY			
12.7A.00 LA963543 PREVENTIVE MAINTENANCE (RAIL)	0	\$7,393,000.00	\$9,241,250.00
Estimated Total Eligible Cost:			\$9,241,250.00
Federal Share:			\$7,393,000.00
Local Share:			\$1,848,250.00

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

None

No information found.

Part 8: Results of Reviews

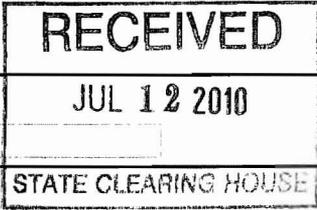
The reviewer did not find any errors

Application for Federal Assistance SF-424

Version 02

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

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



5a. Federal Entity Identifier: 5802	* 5b. Federal Award Identifier:
--	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 934351663	* c. Organizational DUNS: 836140475
--	--

d. Address:

* Street1: 700 South Flower Street
Street2: Suite 2600
* City: Los Angeles
County:
* State: California
Province:
* Country: USA
* Zip / Postal Code: 90017-4101

e. Organizational Unit:

Department Name: Capital Planning & Prog Mgmt	Division Name:
--	----------------

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

Prefix: Ms. * First Name: Joanna
Middle Name: Starr
* Last Name: Capelle
Suffix:

Title: Grants & Development Manager

Organizational Affiliation:
Southern California Regional Rail Authority

* Telephone Number: (213) 247-8049 Fax Number: (213) 452-0421

* Email: capellej@scrra.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Joint Powers Authority

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

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

2 0 5 0 0

CFDA Title:

Federal Transit-Formula Grant

*** 12. Funding Opportunity Number:**

CA-05-0250

* Title:

RCTC Rail Cars

13. Competition Identification Number:

Title:

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

Cities from Lancaster and Chatsworth through Los Angeles to San Clemente and San Bernardino, in Los Angeles, Orange, San Bernardino Counties, State of California

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

Purchase of seven rail cars for Metrolink operations

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 22-49 * b. Program/Project 22-49

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

Add Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009 * b. End Date: 04/30/2012

18. Estimated Funding (\$):

* a. Federal	9,975,000.00
* b. Applicant	
* c. State	
* d. Local	3,325,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	13,300,000.00

* 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 07/08/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No 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: Mr. * First Name: John
Middle Name: E
* Last Name: Fenton
Suffix:

* Title: Chief Executive Officer

* Telephone Number: (213) 452-0258 Fax Number: (213) 452-0452

* Email: fentonj@scrra.net

* Signature of Authorized Representative: *John E. Fenton* * Date Signed: 7/8/10

Application for Federal Assistance

1. Type of Submission Application Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted 2-Jul-10	3. Applicant Identifier
		3. Date received State	State Application Identifier
		4. Date received by Federal Agency:	Federal Identifier

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address (give city, county, state, and zip)
**1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070**

Name and telephone of contact person (give area code)
Joel Slavit, (650) 508-6476

6. Employer Identification Number (EIN):
9 4 3152903

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

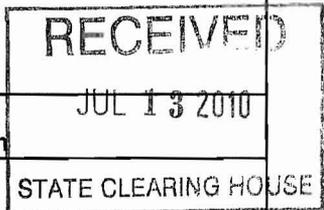
8. Type of Application

new continuation Revision

If revision, enter appropriate letter(s) in boxes:

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

A. State H. Independent School Dst.
B. County I. State Controlled Institution of higher learning.
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Profit Insitution
F. Intermural M. Other: MPO
G. Special District



10. Catalog of federal domestic assistance number: **20507**

Section 5307 Program

9. Name of federal Agency:
Federal Transit Administration

12. Areas affected by project:
San Francisco, San Mateo and Santa Clara Counties

11. Descriptive title of applicant project:
CA-90-Y788
Accessible Capital Enhancement
Caltrain/ACE Santa Clara Station
Gallery Rail Car State of Good Repair Program
Locomotive Overhaul
Preventive Maintennace

13. Proposed Project
Start Date: **7/1/2009** End Date: **6/30/2012**

15. Estimated Funding		14. Congressional Districts of:
a. Federal	\$6,836,133	a. Applicant
b. Applicant		B. Project
c. State		8, 12, 13, 14, 15 & 16
d. Local	\$1,709,034	8, 12, 13, 14, 15 & 16
f. Program Income		16. Is application subject to review by state executive 12372 process? Yes
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on
g. TOTAL	\$8,545,167	Date: 12-Jul-10

17. Is the applicant delinquent on any federal debt?
 Yes.(attach an explanation)
 No.

b. No Program is not covered by E.). 12372 or or program has notbeen selected by state for review

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

a. Typed Name of Authorized Representative Joel Slavit	b. Title Mgr, Grants & Fund Programming	c. Telephone Number: (650) 508-6476
d. Signature of Authorized representative <i>Joel Slavit</i>	e. Date Signed 7-12-10	

OMB Number: 4040-0004

Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: 1681	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Omnitrans"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-0305112"/>	* c. Organizational DUNS: <input type="text" value="0818160500000"/>	
d. Address:		
* Street1: <input type="text" value="1700 West 5th Street"/>	Street2: <input type="text"/>	
* City: <input type="text" value="San Bernardino"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="92411-0000"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="SANBAG"/>	Division Name: <input type="text" value="Transit and Rail Program"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mitch"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Alderman"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Director, Transit and Rail Program"/>	
Organizational Affiliation: <input type="text" value="Omnitrans is the designated recipient of FTA funds for SANBAG"/>		
* Telephone Number: <input type="text" value="909-894-8276"/>	Fax Number: <input type="text" value="909-885-4407"/>	
* Email: <input type="text" value="malderman@sanbag.gov"/>		

RECEIVED

JUL 13 2010

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

*** Other (specify):**

[Empty text box]

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.522

CFDA Title:

Alternatives Analysis

*** 12. Funding Opportunity Number:**

FTA-2010-009-TPE-AA

*** Title:**

Alternatives Analysis Program Livability Funding Opportunity

13. Competition Identification Number:

FTA-2010-009-TPE-AA

Title:

[Empty text box]

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

[Empty text box]



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

San Bernardino Associated Governments Redlands Corridor Alternatives Analysis funding application

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="692,000.00"/>
* b. Applicant	<input type="text" value="1,157,501.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,849,501.00"/>

* 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

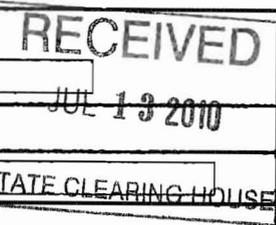
*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

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



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

EdeniQ, Inc.

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

26-1940738

*** c. Organizational DUNS:**

809453942

d. Address:

*** Street1:**

1520 N. Kelsey Street

Street2:

*** City:**

Visalia

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93291

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

*** First Name:**

Thomas

Middle Name:

*** Last Name:**

Griffin

Suffix:

Title:

Vice President of Technology

Organizational Affiliation:

*** Telephone Number:**

559-302-1772

Fax Number:

559-302-1778

*** Email:**

tom@edeniq.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000341

*** Title:**

Biomass Research and Development Initiative

13. Competition Identification Number:

Title:

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

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

Raising American Cane for Energy (RACE); research and development project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-021

* b. Program/Project CA-021

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

Additional Congressional Dis

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2011

* b. End Date: 02/28/2014

18. Estimated Funding (\$):

* a. Federal	3,600,000.00
* b. Applicant	900,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	4,500,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 07/13/2010.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No 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: Middle Name: * First Name: Daniel

* Last Name: Lane

Suffix:

* Title: Director of Engineering

* Telephone Number: 559-302-1783 Fax Number: 559-302-1778

* Email: daniel@edeniq.com

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

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Stream Power, Inc.	RECEIVED JUL 13 2010 STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 271231772	
* c. Organizational DUNS: 962419433	

d. Address:

* Street1: 2142 Burnt Mill Road
Street2: _____
* City: Tustin
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92782-8602

e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Pat
Middle Name: _____	
* Last Name: Sankar	
Suffix: _____	
Title: CEO and Chief Scientist	

Organizational Affiliation:

* Telephone Number: 714-474-4532	Fax Number: 714-544-0772
* Email: psankar@thestreampower.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

* 12. Funding Opportunity Number:

DE-FOA-0000343

* Title:

Enhancing Short Term Wind Energy Forecasting For Improved Utility Operations

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Stream Power Inc. proposes to develop high resolution modified FM Chirp RADAR based atmospheric sensors for improving the accuracy of predicted wind direction and speed change in short-term (0-6 hr).

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-048

* b. Program/Project CA-048

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

17. Proposed Project:

* a. Start Date: 10/01/2010

* b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	204,000.00
* b. Applicant	51,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	255,000.00

* 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 07/13/2010.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Dr. * First Name: Pat
Middle Name:
* Last Name: Sankar
Suffix:

* Title: CEO and Chief Scientist

* Telephone Number: 714-474-4532 Fax Number: 714-544-0772

* Email: psankar@thestreampower.com

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

**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

2. DATE SUBMITTED
07/14/2010

Applicant Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 809425742

* Legal Name: Soraa, Inc.

Department: Division:

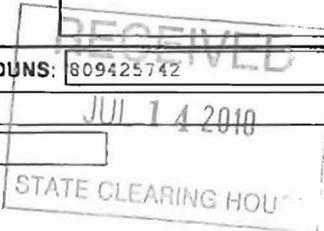
* Street1: 485 Pine Ave.

Street2:

* City: Goleta County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93117-3709



Person to be contacted on matters involving this application

Prefix: * First Name: Frank Middle Name:

* Last Name: Shum Suffix:

* Phone Number: 805-696-6999 Fax Number:

Email: fshum@soraa.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 26-1559313

7. * TYPE OF APPLICANT: R: Small Business

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:

National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086

TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

LED Package Enabling True 1000 Lumen MR16 replacement with the Brightness of a Halogen Filament

12. PROPOSED PROJECT:

* Start Date: 01/01/2011 * Ending Date: 12/31/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

CA-023

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Frank Middle Name:

* Last Name: Shum Suffix:

Position/Title: VP of LED Product Development

* Organization Name: Soraa, Inc.

Department: Division:

* Street1: 485 Pine Ave.

Street2:

* City: Goleta County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93117-3709

* Phone Number: 805-696-6999 Fax Number: 805-696-6565

* Email: fshum@soraa.com

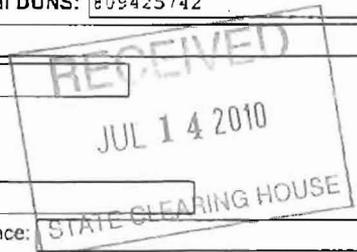
SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="1,958,437.00"/>	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	DATE: <input type="text" value="07/14/2010"/>
b. Total Non-Federal Funds	<input type="text" value="1,305,622.00"/>	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. Total Federal & Non-Federal Funds	<input type="text" value="3,264,059.00"/>		
d. Estimated Program Income	<input type="text" value="0.00"/>		
17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<input checked="" type="checkbox"/> * I agree			
<small>* 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.</small>			
18. SFLLL or other Explanatory Documentation			
<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>			
19. Authorized Representative			
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Richard"/>	Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Craig"/>	Suffix: <input type="text"/>		
* Position/Title: <input type="text" value="Chief Operating Officer"/>			
* Organization: <input type="text" value="Soraa, Inc."/>			
Department: <input type="text"/>	Division: <input type="text"/>		
* Street1: <input type="text" value="485 Pine Ave."/>			
Street2: <input type="text"/>			
* City: <input type="text" value="Goleta"/>	County / Parish: <input type="text"/>		
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text" value="93117-3709"/>		
* Phone Number: <input type="text" value="805-696-6999"/>	Fax Number: <input type="text" value="805-696-6565"/>		
* Email: <input type="text" value="rcraig@soraa.com"/>			
* Signature of Authorized Representative		* Date Signed	
<input type="text" value="Completed on submission to Grants.gov"/>		<input type="text" value="Completed on submission to Grants.gov"/>	
20. Pre-application			
<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>			

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

		3. DATE RECEIVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION		4. a. Federal Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			
2. DATE SUBMITTED		b. Agency Routing Identifier	
Applicant Identifier 07/13/2010			
5. APPLICANT INFORMATION			
		* Organizational DUNS: 809425742	
* Legal Name: Soraa, Inc.			
Department:		Division:	
* Street1: 485 Pine Ave			
Street2:			
* City: Goleta		County / Parish:	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 93117-3709	
Person to be contacted on matters involving this application			
Prefix:		* First Name: Michael	
		Middle Name:	
* Last Name: Krames		Suffix:	
* Phone Number: 650-823-4007		Fax Number:	
Email: mkrames@soraa.com			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 26-1559313			
7. * TYPE OF APPLICANT:			
		R: Small Business	
Other (Specify):			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. * TYPE OF APPLICATION:			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		If Revision, mark appropriate box(es).	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
		<input type="checkbox"/> E. Other (specify):	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies:			
9. * NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
National Energy Technology Laboratory		81.065	
		TITLE: Conservation Research and Development	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Integrated Cd-Free Quantum-Dot-LEDs for Solid-State Lighting Applications			
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT	
* Start Date	* Ending Date		
01/03/2011	01/03/2014	CA-023	
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:		* First Name: Frank	
		Middle Name:	
* Last Name: Shum		Suffix:	
Position/Title: VP Product Development			
* Organization Name: Soraa, Inc.			
Department:		Division:	
* Street1: 485 Pine Ave			
Street2:			
* City: Goleta		County / Parish:	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 93117-3709	
* Phone Number: 415-225-4158		Fax Number:	
* Email: fshum@soraa.com			



SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="1,800,144.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="1,393,067.00"/>		DATE: <input type="text" value="07/14/2010"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="3,193,211.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> 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 penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application

OM 3 Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 14 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: High Sierra Resource Conservation & Development Council, Inc		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 74-3111258	* c. Organizational DUNS: <input type="text"/> 1366603340000	
d. Address:		
* Street1: 251 Auburn Ravine Road	<input type="text"/>	
Street2:	<input type="text"/>	
* City: Auburn	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95603-3719	<input type="text"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	* First Name: Kay
Middle Name:	<input type="text"/>	
* Last Name: Joy Barge	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Project Coordinator	<input type="text"/>	
Organizational Affiliation:		
<input type="text"/>	<input type="text"/>	
* Telephone Number: 530-823-5687-5	Fax Number: 530-823-5504	<input type="text"/>
* Email: kay.joy@ca.usda.gov	<input type="text"/>	

Application for Federal Assistance SF-424

*** 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:**

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

10.870

CFDA Title:

Rural Microentrepreneur Assistance Program

*** 12. Funding Opportunity Number:**

RDBCP-10-RMAP

* Title:

Rural Microentrepreneur Assistance Program

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Technical Assistance for Rural Micro-entrepreneurs and Micro-enterprise Development in the High Sierra Resource Conservation & Development Council Inc. area, El Dorado, Placer, Nevada, Sierra and Yuba

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="116,250.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="116,250.00"/>

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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 offer by specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: Date Signed:

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		*2. Type of Application *If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
B. APPLICANT INFORMATION:		
*a. Legal Name: Sonoma County Water Agency		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539		*c. Organizational DUNS: 074662503
d. Address:		
*Street 1: <u>404 Aviation Blvd.</u>		
Street 2: _____		
*City: <u>Santa Rosa</u>		
County: <u>Sonoma</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code: <u>95403</u>		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Ms.</u>	*First Name: <u>Pamela</u>	
Middle Name: _____		
*Last Name: <u>Jeane</u>		
Suffix: _____		
Title: <u>Assistant General Manager</u>		
Organizational Affiliation:		
*Telephone Number: 707-521-1864		Fax Number: 707-523-4322
*Email: <u>pam@scwa.ca.gov</u>		

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)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input checked="" type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 14 2010 STATE CLEARING HOUSE </div>
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Sonoma County Water Agency		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539		*c. Organizational DUNS: 074662503
d. Address:		
*Street 1:	<u>404 Aviation Blvd.</u>	
Street 2:	_____	
*City:	<u>Santa Rosa</u>	
County:	<u>Sonoma</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95403</u>	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Ms.</u>	*First Name: <u>Pamela</u>
Middle Name:	_____	
*Last Name:	<u>Jeane</u>	
Suffix:	_____	
Title:	<u>Assistant General Manager</u>	
Organizational Affiliation:		

*Telephone Number: 707-521-1864	Fax Number: 707-523-4322	
*Email: <u>pam@scwa.ca.gov</u>		

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

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: D. Special District Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: U.S. Bureau of Reclamation	
11. Catalog of Federal Domestic Assistance Number: 15.504 CFDA Title: Water Reclamation and Reuse Program	
*12 Funding Opportunity Number: 15.504 *Title: Reclamation Wastewater and Groundwater Study and Facilities Act of 1992 (Title XVI of Public Law [P.L.] 102-575, as amended)	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Sonoma, Napa and Marin Counties	
*15. Descriptive Title of Applicant's Project: North San Pablo Bay Restoration and Reuse Project	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-06	*b. Program/Project: CA-06, CA-01	
17. Proposed Project:		
*a. Start Date: 4/1/2009	*b. End Date: 9/30/2018	
18. Estimated Funding (\$):		
*a. Federal	18,683,869	
*b. Applicant	750,000	
*c. State	0	
*d. Local		
*e. Other	55,301,607	
*f. Program Income	0	
*g. TOTAL	74,735,476	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7/14/10</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: Grant	
Middle Name:		
*Last Name: Davis		
Suffix:		
*Title: General Manager		
*Telephone Number: 707-547-1911	Fax Number: 707-524-3782	
* Email: grant.davis@scwa.ca.gov		
*Signature of Authorized Representative: <i>Grant Davis for SD</i>	*Date Signed: 7/14/10	

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

***Applicant Federal Debt Delinquency Explanation**

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

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

b. Agency Routing Identifier

2. DATE SUBMITTED

07/14/2010

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 809425142

* Legal Name: Soraa, Inc.

Department:

Division:

* Street1: 485 Pine Ave.

Street2:

* City: Goleta

County / Parish: Santa Barbara

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* ZIP / Postal Code: 93117-3709

RECEIVED
JUL 14 2010
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: Dr.

* First Name: Mark

Middle Name: Philip

* Last Name: D'Evelyn

Suffix:

* Phone Number: 805-683-1800, ext. 110

Fax Number: 805-683-8585

Email: mdevelyn@soraa.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 26-1559313

7. * TYPE OF APPLICANT:

R: Small Business

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:

National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086

TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Large-Area High-Transparency Ammonothermal GaN Substrates for LEDs

12. PROPOSED PROJECT:

* Start Date

* Ending Date

02/01/2011

01/31/2013

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-C23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr.

* First Name: Mark

Middle Name: Philip

* Last Name: D'Evelyn

Suffix:

Position/Title: Vice President, Bulk Technology

* Organization Name: Soraa, Inc.

Department:

Division:

* Street1: 485 Pine Ave.

Street2:

* City: Goleta

County / Parish: Santa Barbara

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* ZIP / Postal Code: 93117-3709

* Phone Number: 805-683-1800, ext. 110

Fax Number: 805-683-1885

* Email: mdevelyn@soraa.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="1,992,162.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="853,784.00"/>		DATE: <input type="text" value="07/14/2010"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="2,845,946.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> 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 penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative

* Date Signed

20. Pre-application

OMB Number: 4040-0001
Expiration Date: 06/30/2011APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE		State Application Identifier
1. * TYPE OF SUBMISSION		RECEIVED JUL 14 2010 STATE LEARNING HOUSE
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
2. DATE SUBMITTED	4. a. Federal Identifier	
07/14/2010	b. Agency Routing Identifier	
Applicant Identifier		
5. APPLICANT INFORMATION		* Organizational DUNS: 809425742
* Legal Name: Soraa Inc.		
Department: _____ Division: _____		
* Street1: 485 Pine Ave		
Street2: _____		
* City: Goleta County / Parish: _____		
* State: CA: California Province: _____		
* Country: USA: UNITED STATES * ZIP / Postal Code: 93117-3709		
Person to be contacted on matters involving this application		
Prefix: Dr. * First Name: Arpan Middle Name: _____		
* Last Name: Chakraborty Suffix: _____		
* Phone Number: 805-284-6353 Fax Number: 805-696-6565		
Email: achakraborty@soraa.com		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 25-1559313		
7. * TYPE OF APPLICANT: R: Small Business		
Other (Specify): _____		
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es).		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> E. Other (specify): _____		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? _____		
9. * NAME OF FEDERAL AGENCY: National Energy Technology Laboratory		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.036
		TITLE: Conservation Research and Development
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Light Emitting Diodes on Semipolar Bulk GaN Substrate with IQE > 80% at 150 A/cm2 and 100C		
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date * Ending Date		
01/01/2011 12/31/2012		CA-023
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: Dr. * First Name: Arpan Middle Name: _____		
* Last Name: Chakraborty Suffix: _____		
Position/Title: Director of LED Epitaxy		
* Organization Name: Soraa Inc.		
Department: _____ Division: _____		
* Street1: 485 Pine Ave		
Street2: _____		
* City: Goleta County / Parish: _____		
* State: CA: California Province: _____		
* Country: USA: UNITED STATES * ZIP / Postal Code: 93117-3709		
* Phone Number: 805-284-63553 Fax Number: 805-696-6565		
* Email: achakraborty@soraa.com		

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="679,256.26"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="290,681.26"/>		DATE: <input type="text" value="07/14/2010"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="969,937.50"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> 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 penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

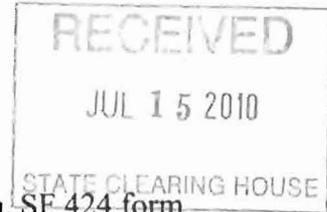
* Signature of Authorized Representative:

* Date Signed:

20. Pre-application



F 424



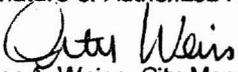
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted 05/11/2010	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
Jurisdiction City of Oceanside, CA		UOG Code 06-0547	
300 North Coast Highway		Organizational DUNS 073370678	
Nevada Street Annex		Organizational Unit	
Oceanside	California	Department: Neighborhood Services	
92054-2824	Country U.S.A.	Division: Housing and Code Enforcement	
Employer Identification Number (EIN):		County: San Diego	
95-1688570		Program Start Date: 07/01	
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant B-10-MC-06-0547	
CDBG Project Titles Administration and planning, public services, neighborhood revitalization, Section 108 loan payments, housing rehabilitation, code enforcement		Description of Areas Affected by CDBG Project(s) City of Oceanside and areas in the City identified as low- and moderate-income neighborhoods	
\$CDBG Grant Amount \$1,960,622	\$Additional HUD Grant(s) Leveraged \$146,702	Describe Supportive Housing Program	
\$Additional Federal Funds Leveraged Remaining CDBG-Recovery Act and HPRP funds		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds Local homeless programs \$80,322		\$Grantee Funds Leveraged	
\$Anticipated Program Income \$65,000 for repayment of single-family housing rehabilitation loans		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
Home Investment Partnerships Program		14.239 HOME M-10-MC-06-0523	
HOME Project Titles First-time homebuyer program; development of housing for very low-income families		Description of Areas Affected by HOME Project(s) Citywide programs	
\$HOME Grant Amount \$909,119	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged CalHOME grant of \$600,000	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	

\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 49	Project Districts 49		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on DATE
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
First Name: John	Middle Initial: A.	Last Name: Lundblad
Title: Management Analyst	Phone: 760-435-3393	Fax: 760-757-9076
eMail jlundblad@ci.oceanside.ca.us	Grantee Website www.ci.oceanside.ca.us	Other Contact
Signature of Authorized Representative  Peter A. Weiss, City Manager, City of Oceanside		Date Signed 5-6-10

Application for Federal Assistance		2. Date Submitted 13-Jul-10	3. Applicant Identifier
1. Type of Submission Application Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. Date received State	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date received by Federal Agency:	Federal Identifier
5. Applicant Information			
6. Legal Name: Peninsula Corridor Joint Powers Board			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476	
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: A. Increased Award B. Decreased Award C. Increase Duration D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties		11. Descriptive title of applicant project: CA-05-0242 Systemwide Track rehabilitation and Related Structures Signal/Communication Rehabilitation	
13. Proposed Project Start Date: 7/1/2010 End Date: 12/31/2012			
15. Estimated Funding			
a. Federal	\$12,142,146	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		8, 12, 13, 14, 15 & 16	8, 12, 13, 14, 15 & 16
d. Local	\$3,035,537	16. Is application subject to review by state executive 12372 process? Yes	
f. Program Income		a. Yes this preapplication/application was made available to the state executive order 12372 process review on	
e. Other		Date: 16-Jul-10	
g. TOTAL	\$15,177,683	b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.			
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Joel Slavit		b. Title Mgr, Grants & Fund Programming	c. Telephone Number: (650) 508-6476
d. Signature of Authorized representative <i>Joel Slavit</i>		e. Date Signed 7-13-10	

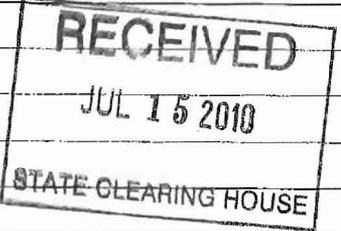
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7-16-2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Central Sierra Resource Conservation & Development, Inc	Organizational Unit: Department:
Organizational DUNS: 136584179	Division:
Address: Street: 235D New York Ranch Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Valerie
City: Jackson	Middle Name
County: Amador	Last Name Klinefeller
State: CA Zip Code 95642	Suffix:
Country: USA	Email: 'vk95669@hotmail.com'



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
42-1586576

Phone Number (give area code): (209) 245-3168
Fax Number (give area code): (209) 257-0910

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)
 O - Not for Profit
 Other (specify)

9. NAME OF FEDERAL AGENCY:
Natural Resources Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-773

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Building Rural Prosperity from Regional Collaboration

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

13. PROPOSED PROJECT
 Start Date: 8/01/2009 Ending Date: 10/30/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 3 b. Project: all 1 - 53

15. ESTIMATED FUNDING:

a. Federal	\$ 250,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 250,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-15-2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Ms	First Name Valerie	Middle Name
Last Name Klinefeller		Suffix
b. Title CSRC&D Chairperson		c. Telephone Number (give area code) (209) 257-1851 x100
d. Signature of Authorized Representative <i>Valerie Klinefeller</i>		e. Date Signed 7/15/2010