Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **July 16 through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No 0348-0043

RECEIVED JUL 31 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION *Application*: ☐ Construction ☒ Non-Construction *Preapplication*: ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 07/18/02	App. Identifier	
	3. DATE RECEIVED BY STATE	State Application Identifier	
	4. DATE RECEIVED BY AGENCY 07/19/02	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: California City Municipal Airport

Organizational Unit: City of California City

Address *(give city, county, state and zip code)*: 21000 Hacienda Blvd. California City, CA 93505

Name and telephone of the person to be contacted on matters involving this application *(give area code)*: Tom Weil (760) 373-4867

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 4 0 8 7 6 3

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

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

8. TYPE OF APPLICATION

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 - 1 0 6

TITLE: Airport Master Plan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Update of current Master Plan to reflect changes in airfield conditions and FAA design standards. Environmental review of changes will also be examined.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: City of California City

13. PROPOSED PROJECT

Start Date	Ending Date
Oct 2002	09/30/03

14. CONGRESSIONAL DISTRICTS OF: 21st District

a. Applicant	b. Project
California City Municipal	Airport Master Plan

15. ESTIMATED FUNDING:

a. Federal	150,000	.00
b. Applicant	7,500	.00
c. State	7,500	.00
d. Local		.00
e. Other		.00
f. Program Income		.00
g. TOTAL	165,000	.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 7/19/02

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Jack P. Stewart	City Manager	760-373-8670

d. Signature of Authorized Representative: Jack P. Stewart

e. Date Signed: 7/18/02

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APPLICATION FOR FEDERAL ASSISTANCE

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

RECEIVED JUL 31 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Bay Area Air Quality Management District

Organizational Unit:

Address (give city, county, state, and zip code): 939 Ellis Street, San Francisco, CA 94109

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

6. EMPLOYER IDENTIFICATION (EIN): 94-6227466

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

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

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606

TITLE: Surveys, Studies, Investigations, Specl

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Section 103 Air Grant Funding: Continued support of the District's air monitoring for dioxins in the San Francisco Bay Area $ 65,000.00

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

13. PROPOSED PROJECT:

Start Date	End Date
8/1/02	12/31/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:	b. Project
02 04-13	

15. Estimated Funding:

a. Federal	$ 65,000.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 65,000 .00

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

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

DATE 7/31/02

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

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

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

a. Typed Name of Authorized Representative: Ellen Garvey	b. Title: Air Pollution Control Officer	c. Telephone Number (415) 749-4970
d. Signature of Authorized Representative		e. Date Signed 7/30/02

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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 8/13/02

ant Identifier: RA 93-2

1. TYPE OF SUBMISSION:

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

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Riverside

Organizational Unit: Riverside Municipal Airport (RAL)

Address (give city, county, state, and zip code)
6951 Flight Road
Riverside, DA 92504

Name and telephone number of the person to be contracted on matters involving this application (give area code)
John J. Sabatello
(909) 351-6113

EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 7 6 9

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

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

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Asphalt replacement and asphalt overlay of taxilanes, aircraft hold-short/runup area and aircraft parking areas in three areas of Riverside Airport (see map).

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

13. PROPOSED PROJECT

Start Date	Ending Date

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
43d	43d

15. ESTIMATED FUNDING

a. Federal AIR-21	$	150,000 .00
b. Applicant	$	54,300 .00
c. State	$	7,500 .00
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	211,800 .00

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

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

DATE:

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 ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
George A. Caravalho	City Manager	(909) 826-4761

d. Signature of Authorized Representative

e. Date Signed

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STATE CLEARING HOUSE RECEIVED JUL 30

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction; Preapplication ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED 2/14/02	Applicant Identifier	
	3. DATE RECEIVED BY STATE	State Application Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY 2-20-02	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Sierra County Child Abuse Council

Organizational Unit:

Address (give city, county, State, and zip code): P.O. Box 1016, 315 Main St. Loyalton, Sierra County, CA 96118

Name and telephone number of person to be contacted on matters involving this application (give area code): Lynda L. Dickman (530) 993-1110

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0153578

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE: Community Facilities Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Center)

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

13. PROPOSED PROJECT Building Project

14. CONGRESSIONAL DISTRICTS OF: 2nd District - Wally Herger

Start Date: 3/1/02 Ending Date: C.O.E.

a. Applicant: S.C. Child Abuse Council

b. Project: Community Facility purchase

15. ESTIMATED FUNDING:

a. Federal	$ 72,000.00
b. Applicant	$ 9,900.00
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 62,100.00

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

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

DATE _____

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

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

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

a. Type Name of Authorized Representative: Lynda L. Dickman	b. Title: Executive Director	c. Telephone Number: (530) 993-1110 Fax
d. Signature of Authorized Representative: Lynda L. Dickman		e. Date Signed: 2/14/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 15, 2002

pplicant Identifier: FF-00-1

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

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier: A009009-03-0

5. APPLICANT INFORMATION

Legal Name: Ventura County Air Pollution Control District

Organizational Unit: Ventura County Air Pollution Control District

Address (give city, county, state, and zip code):
669 County Square Drive
Ventura, California 93003

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Vickie Workman, (805) 645-1416

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][5]-[6][0][0][0][9][4][4]

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

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

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

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

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

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

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

TITLE: Air Pollution Control Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ventura County local Air Pollution Control Program for the operation of an effective program that complies with the Federal and State requirements.

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

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/02	09/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
	23 & 24

15. ESTIMATED FUNDING:

a. FEDERAL	$ 1,162,145.00
b. APPLICANT	$ 5,139,405.00
c. STATE	$ 302,400.00
d. LOCAL	$.00
e. OTHER	$.00
f. PROGRAM INCOME	$.00
g. TOTAL	$ 6,603,950.00

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

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

DATE 07/16/02

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

[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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JUL 30 2002
STATE CLEARING HOUSE

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES. IF "YES" ATTACH AN EXPLANATION. [X] NO.

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

a. Typed Name of Authorized Representative: Richard H. Baldwin

b. Title: Air Pollution Control Officer

c. Telephone number: (805) 645-1440

d. Signature of Authorized Representative: Richard H. Baldwin

e. Date Signed: 7/16/02

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JUL 30 2002
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

5. APPLICANT INFORMATION

Legal Name: CITY OF CONCORD

Organizational Unit: LEISURE SERVICES DEPT.

Address (give city, county, State, and zip code): 1950 PARKSIDE DRIVE MS/10 CONCORD, CA 94519 CONTRA COSTA COUNTY

Name and telephone number of person to be contacted on matters involving this application (give area code): SUSAN LINN (925) 671-3289

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000315

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY: 1443 National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919

TITLE: Urban Park and Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CAMBRIDGE PARK RESTROOM

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

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: MILLER-7 b. Project: MILLER-7

15. ESTIMATED FUNDING:

a. Federal	$ 156634 .00
b. Applicant	$ .00
c. State	$ 27641 .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 184275 .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 7/30/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [X] No

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

a. Type Name of Authorized Representative: Edward R. James	b. Title: City Manager	c. Telephone Number: (925) 671-3150
d. Signature of Authorized Representative: Edward R. James		e. Date Signed: 7/25/02

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RECEIVED JUL 30 2002 STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 7.29.02

Applicant Identifier:

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: COLLABORATIVE RESEARCH AND DESIGNS FOR AGRICULTURE

Organizational Unit: 501(c)3 non-profit organization

Address (give city, county, State, and zip code): 405 SENDA LADERA, SUITE A WATSONVILLE, CA

Name and telephone number of person to be contacted on matters involving this application (give area code): JEFF DLOTT (831) 786-0997

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0436747

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: US EPA REGION 9

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

TITLE: FIFRA SECTION 20

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ECO-LABELING AS INCENTIVE FOR PESTICIDE RISK REDUCTION

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

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CALIFORNIA: 17

b. Project: All State

15. ESTIMATED FUNDING:

a. Federal	$ 80,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 80,000 .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 7/29/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
JEFF DLOTT	PRESIDENT	(831) 786-0997

d. Signature of Authorized Representative

e. Date Signed: 7/26/02

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 07/26/02

Applicant Identifier

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ■ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier A009051030

5. APPLICANT INFORMATION

Legal Name: **Monterey Bay Unified Air Pollution Control District**

Organizational Unit: **Executive Office**

Address (give city, county, state, and zip code):
24580 Silver Cloud Court, Monterey, CA 93940

Name and telephone number of the person to be contacted on matters involving this application (give area code) **Esta Martin, District Accountant (831) 647-9418 X 229**

6. EMPLOYER IDENTIFICATION (EIN): **94-2301821**

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

8. TYPE OF APPLICATION: X New Continuation Revision

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

Other Specify: _____

9. NAME OF FEDERAL AGENCY: **EPA Region IX**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **66.001**
TITLE: **Air Pollution Control Program Support(105)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Basin Wide Pollution Program

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JUL 29 02
STATE CLEARING HOUSE

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Monterey, Santa Cruz, and San Benito Counties in California

13. PROPOSED PROJECT:

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

14. CONGRESSIONAL DISTRICT OF:
a. Applicant: **16th Congressional District**
b. Project **Same**

15. Estimated Funding:

a. Federal	$	299,629.00
b. Applicant	$	2,135,399.00
c. State	$	1,187,395.00
d. Local	$	166,937.00
e. Other	$	114,650.00
f. Program Income	$	0.00
g. TOTAL	$	3,904,010.00

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

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

DATE 07/26/02

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

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

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

a. Typed Name of Authorized Representative: **Douglas Quetin**

b. Title: **Air Pollution Control Officer**

c. Telephone Number **(831)647-9411**

d. Signature of Authorized Representative

e. Date Signed **07/26/02**

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: [ ] Construction [ ] Non-Construction; Preapplication: [X] Construction [ ] Non-Construction	2. DATE SUBMITTED: July 22, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE: July 25, 2002	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Organizational Unit:

Address (*give city, county, state, and zip code*):
CITY OF PARLIER
1100 E. PARLIER AVENUE
PARLIER, CA 93648

Name and telephone number of person to be contacted on matters involving this application (*give area code*)
Kenneth D. Hubler, City Manager
(559) 646-3545

6. EMPLOYER IDENTIFICATION (EIN): 9 4 - 6 0 0 0 3 9 0

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

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

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

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

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

9. NAME OF FEDERAL AGENCY:

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

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT
Public Works Facility - New Construction
780 Tulare Street
Parlier, CA 93648

12. AREAS AFFECTED BY PROJECT (*Cities, Counties, States, etc.*)
City of Parlier

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
01/01/03	07/01/03	Calvin Dooley - 20th District	Calvin Dooley - 20th District

15. ESTIMATED FUNDING		
a. Federal USDA CDBG	$ $800,000 $100,000	.00
b. Applicant	$ $100,000	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. Total	$ $1,000,000	.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 7-25-02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES (Attach explanation) [X] NO

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Kenneth D. Hubler	City Manager	(559) 646-3545
d. Signature of Authorized Representative		a. Date Signed
		7-22-02

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: CITY OF FRESNO

Organizational Unit: Police Department

Address *(give city, county, State, and zip code)*: 2326 Fresno Street, Fresno, CA 93721

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Conrad Nerdahl (559) 621-2010

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000338

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Department of Justice

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710

TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology Initiative - New Projects

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

13. PROPOSED PROJECT

Start Date: 10/01/01 Ending Date: 9/30/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19 b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 750,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 750,000 .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 7/23/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Jerry Dyer	b. Title: Chief of Police	c. Telephone Number: (559) 621-2100
d. Signature of Authorized Representative		e. Date Signed: 7/22/02

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: CITY OF FRESNO

Organizational Unit: Police Department

Address *(give city, county, State, and zip code)*: 2326 Fresno Street, Fresno, CA 93721

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Conrad Nerdahl (559) 621-2010

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000338

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Department of Justice

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710

TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology Initiative - System Upgrades

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

13. PROPOSED PROJECT

Start Date: 10/01/01 Ending Date: 9/30/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19 b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 750,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 750,000 .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 7/23/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Jerry Dyer	b. Title: Chief of Police	c. Telephone Number: (559) 621-2100
d. Signature of Authorized Representative: [signature]		e. Date Signed: 7/22/02

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JUL 29 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

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APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application: ____ Construction; X Nonconstruction Preapplication: ____ Construction; ____ Nonconstruction	2. Date Submitted Applicant Identifier 3. Date Rec'd by State State Application Identifier 4. Date Rec'd by Federal Federal Identifier X-97915401
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814	Organizational Unit: Regional Water Quality Control Board - Lahontan Name and telephone of person to be contacted on matters involving this application (give area code): Chuck Curtis (530) 542-5460
6. Employer Identification Number (EIN): 68--0281986	7. Type of Applicant: (enter appropriate letter) A A. State; B. County; C. Municipal; D. Township; E. Interstate; F. Intermunicipal; G. Special District; H. Independent School District; I. State Institute of Higher Learning; J. Private University; K. Indian Tribe; L. Individual; M. Profit Organization; N. Other (specify)
8. Type of Application: ___ New X Revision ___ Continuation If Revision, enter appropriate letter(s): A C A. Increase Award; B. Decrease Award C. Increase Duration; D. Decrease Duration Other (specify) _____	9. Name of Federal Agency: U. S. Environmental Protection Agency
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants	11. Descriptive Title of Applicant's Project: To develop the Lake Tahoe Sediment and Nutrient Total Maximum Daily Load (TMDL) Report.
12. Area Affected by Project: (cities, counties, states, etc.) Lake Tahoe Area	
13. Proposed Project: Start Date: 7/1/03; End Date: 6/30/04	14. Congressional District of: Applicant: 3; Project: California - All
15. ESTIMATED FUNDING: a. Federal $60,000.00 b. Applicant $0.00 c. State $60,000.00 d. Local $0.00 e. Other $0.00 f. Program Income $0.00 g. TOTAL $120,000.00	16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: X This application/preapplication was made available to the State EO 12372 process for review on: Date: July 29, 2002 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review. 17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation X NO

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Celeste Cantú	Executive Director	(916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 07/26/02
APPLICANT IDENTIFIER: PDU 02-119

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

3. DATE RECEIVED BY STATE
STATE APPLICATION IDENTIFIER
4. DATE RECEIVED BY FEDERAL AGENCY
FEDERAL IDENTIFIER

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5. APPLICANT INFORMATION
Legal Name: SRI International
Organizational Unit: Policy Division
Address (Street, County, State and ZIP code): 333 Ravenswood Avenue, Menlo Park, CA 94025
Name and telephone number of person to be contacted on matters involving this application (give area code): Kathryn M. Baughman (650) 859-3022

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 1160950
7. TYPE OF APPLICANT (enter appropriate letter in box): [N]
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): Non-Profit Research Corp.

8. TYPE OF APPLICATION
[X] New [ ] Continuation [ ] Revision
If Revision, enter appropriate letter(s) in box(es): [ ][ ]
A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
E. Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Agency for International Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.303
Title: Expanding Economic Opportunities in Lebanon

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Expanding Economic Opportunities in Lebanon

12. AREAS AFFECTED BY PROJECT (Cities, Counties, Street, etc.): Country of Lebanon

13. PROPOSED PROJECT
Start Date: 09/01/02
Ending Date: 08/31/05

14. CONGRESSIONAL DISTRICTS OF
Applicant: Menlo Park, CA (14th); Washington, DC (8th)
Project: 8th & 14th

15. ESTIMATED FUNDING

a. Federal	$ 7,360,690
b. Applicant	$ 602,673
c. State	
d. Local	
e. Other	$ 1,237,500
f. Program Income	
g. Total	$ 9,200,863

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION-APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 07/29/02
b. NO. [ ] PROGRAM IS NOT COVERED BY E.O 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative: Kathryn M. Baughman
b. Title: Contracts Manager
c. Telephone Number: (650) 859-3022
d. Signature of Authorized Representative
e. Date Signed: 07/26/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 05-22-02	Applicant Identifier: ~~2890109020~~
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: ~~X-989711-01-0~~

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: AMERICAN LUNG ASSOCIATION OF ORANGE CO.

Organizational Unit: —

Address (give city, county, State, and zip code): 1570 E. 17TH ST, STE. F SANTA ANA, CA 92705

Name and telephone number of person to be contacted on matters involving this application (give area code): LIZZY GELLE 714-835-5864

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1661669

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

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

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

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

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

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9. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 9

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

TITLE: INDOOR AIR QUALITY IN SCHOOLS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: INCORPORATE TOOLS FOR SCHOOLS AND OPEN AIRWAYS FOR SCHOOLS FOCUSING ON INDOOR AIR QUALITY IN 8-10 SCHOOLS RESULTING IN ABATEMENT OF INDOOR AIR CONTAMINANTS AND ASTHMA MANAGEMENT AMONG STUDENTS WITH ASTHMA.

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

13. PROPOSED PROJECT

Start Date: 10-01-00 Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: AMERICAN LUNG ASSOCIATION OF ORANGE COUNTY

b. Project: INDOOR AIR QUALITY IN SCHOOLS

15. ESTIMATED FUNDING:

a. Federal	$ 19,149.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 19,149.00

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 7-29-02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Glenn Maddalon	b. Title: Executive Director	c. Telephone Number: 714-835-5864
d. Signature of Authorized Representative: G. O. Maddalon		e. Date Signed: 5/22/02

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Solana Recyclers, Inc.

Organizational Unit: Recycled Products Purchasing Co-op

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

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

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

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: Solid Waste Management Assistance

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

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

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13. PROPOSED PROJECT

Start Date	Ending Date
9/02	3/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 51st

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

15. ESTIMATED FUNDING:

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

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

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

DATE 7/11/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 25, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: TOKAY PARK WATER COMPANY

Organizational Unit: RUS

Address (give city, county, State, and zip code): P.O. BOX 292146 Sacramento, Ca. 95829

Name and telephone number of person to be contacted on matters involving this application (give area code): Norma P. Clark, Secretary/Treasurer (916) 383-2471

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6092970

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE: Water and Waste Disposal Loan & Grant program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mainline water pipe replacement

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

county

13. PROPOSED PROJECT

Start Date: MAINLINE REPLAC. Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: TOKAY PARK WATER Co.

b. Project: MAINLINE WATER PIPE REPLACEMENT

15. ESTIMATED FUNDING:

a. Federal	$ 1,500,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,500,000.00

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

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

DATE 7-25-02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: NORMA P. CLARK	b. Title: SECRETARY/TREASURER	c. Telephone Number: (916) 383-2471
d. Signature of Authorized Representative: Norma P. Clark		e. Date Signed: July 25, 2002

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED July 16, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Stephanie Afonso

Organizational Unit: Camp Motobud

Address (give city, county, State, and zip code): 930 Olympic Way Nipomo, CA 93444

Name and telephone number of person to be contacted on matters involving this application (give area code): Karla Hoving (714) 974-1184

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 56-4574576

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Department of Interior

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916

TITLE: Outdoor Recreation-Acquisition, Development Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Acquisition of land for a safe motor bike park and campground.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Luis Obispo County, CA

13. PROPOSED PROJECT

Start Date: Now Ending Date: —

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Lois Capps b. Project: Lois Capps

15. ESTIMATED FUNDING:

a. Federal	$ 1,295,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,295,000.00

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

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

DATE 7-26-2002

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Stephanie Afonso	b. Title: Beneficiary	c. Telephone Number: (805) 929-3106
d. Signature of Authorized Representative: Stephanie Afonso		e. Date Signed: 7-26-02

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: July 26, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: [X] Construction [ ] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: Mercy Housing California

Organizational Unit: Dept. of Community Development

Address (give city, county, State, and zip code): 3120 Freeboard Drive, Suite 202, West Sacramento, CA 95691

Name and telephone number of person to be contacted on matters involving this application (give area code): Nilda Valmores (916) 414-4475

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 3 0 8 1 6 6 6

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY: Office of Community Services

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

TITLE: Rural Community Development Activities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California Housing Rehabilitation Program

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

13. PROPOSED PROJECT

Start Date: 3/03 Ending Date: 3/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Doug Ose (3)

b. Project: John Doolittle (4)

15. ESTIMATED FUNDING:

a. Federal	$ 300,000 .00
b. Applicant	$ 35,409 .00
c. State	$ .00
d. Local (County)	$ 114,052 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 449,461 .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 7/26/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [X] No

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

a. Type Name of Authorized Representative: Greg Sparks	b. Title: Reg. Director of Develop.	c. Telephone Number: (916) 414-4439
d. Signature of Authorized Representative: Greg Sparks		e. Date Signed: 7/26/02

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
June 13, 2002

Applicant Identifier

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STATE CLEARING HOUSE

3. DATE RECEIVED BY STATE — State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY — Federal Identifier

1. TYPE OF SUBMISSION

Application
☐ Construction
■ Non-Construction

Preapplication
☐ Construction
☐ Non Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: Department of Health Services

Address (give city, county, state, and zip code): 601 North 7th Street, MS 92
P.O. Box 942732
Sacramento, CA 94234-7320

Name and telephone number of the person to be contacted on matters involving this application (give area code) Gary D. Hoffmann, P.E.
(916) 322-6264

6. EMPLOYER IDENTIFICATION (EIN):
9 4 - 6001347

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

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 4 3 2
TITLE: PWSS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT
California Drinking Water Regulatory Program. This grant is provided to augment the State's regulatory program of public water systems.

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

13. PROPOSED PROJECT:
Start Date 10/1/02
End Date 9/30/03

14. CONGRESSIONAL DISTRICT OF:
a. Applicant: 1-45
b. Project: Statewide

15. Estimated Funding:

a. Federal	$ 5,811,400
b. Applicant	$
c. State	$ 13,557,493
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 19,368,893

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

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

DATE

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

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

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

a. Typed Name of Authorized Representative: David Souleles, M.P.H.

b. Title: Chief Deputy Director
Department of Health Services

c. Telephone Number (916) 657-1425

d. Signature of Authorized Representative

e. Date Signed 7/18/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application: [X] Construction [X] Non-Construction; Preapplication: [ ] Construction [ ] Non-Construction	2. DATE SUBMITTED: July 23, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

STATE CLEARING HOUSE RECEIVED JUL 26 2002

5. APPLICANT INFORMATION

Legal Name: Napa County

Organizational Unit: Department of Public Works

Address (give city, county, state and zip code): 1195 Third Street, Room 201, Napa, Napa County, California 94559-3092

Name and telephone number of the person to be contacted on matters involving this application (give area code): Erica Ahmann (707) 253-4351

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000525

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE: Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Napa County Airport, Napa County, California
Runway 36R Extension - Phase 2
Taxiway J and Taxiway C Extension - Phase 2

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Unincorporated Area of Napa County

13. PROPOSED PROJECT: Start Date 2002; Ending Date 2003

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02; b. Project 02

15. ESTIMATED FUNDING:

a. Federal	$ 2,006,775 .00
b. Applicant	$ 122,636 .00
c. State	100,339 .00
d. Local	$ 0 .00
e. Other	$ 0 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 2,229,750 .00

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

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

DATE July 23, 2002

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

[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation [X] No

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Robert J. Peterson, P.E.	Director of Public Works	(707) 253-4351
d. Signature of Authorized Representative		e. Date Signed
		7-26-02

RECEIVED
JUL 26 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 25, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION
Legal Name: Desert Alliance for Community Empowerment
Organizational Unit: Desert Alliance for Community Empowerment (DACE)
Address (give city, county, State, and zip code): 53-990 Enterprise Way, Suite 1, Coachella, CA 92236
Name and telephone number of person to be contacted on matters involving this application (give area code): Jeffrey A. Hays 760 391-5050

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0857187

7. TYPE OF APPLICANT: (enter appropriate letter in box) N
A. State; B. County; C. Municipal; D. Township; E. Interstate; F. Intermunicipal; G. Special District; H. Independent School Dist.; I. State Controlled Institution of Higher Learning; J. Private University; K. Indian Tribe; L. Individual; M. Profit Organization; N. Other (Specify) non-profit, 501 c 3

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570
Rural Community Development Activities Program
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The Rural Housing Initiative Program aims to through outreach TA, training, predevelopment loans, community planning to isolated rural very low income communities living in non-cod illegal mobile home parks assist owners and renters in the rehab process thus preventing closure of close to 400 parks.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Riverside Cty, CA: Desert Communities EZ, cities of Coachella and Blyth

13. PROPOSED PROJECT
Rural Housing Initiative Program
Start Date: 1/01/03 Ending Date: 12/31/06

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Desert Alliance for Community Empowerment (DACE) 44th
b. Project: DACE Income Tax Program (DITP)

15. ESTIMATED FUNDING:

a. Federal	$ 135,014 .00
b. Applicant	$ 356,538 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 491,552 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? NO
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE July 25, 2002
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative: Jeffrey A. Hays	b. Title: Executive Director	c. Telephone Number: 760 391-5050
d. Signature of Authorized Representative		e. Date Signed: July 25, 2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 07/24/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION
Legal Name: County of Imperial
Organizational Unit: Imperial County Community & Economic Development
Address (give city, county, State, and zip code): 836 Main St. El Centro, CA 92243
Name and telephone number of person to be contacted on matters involving this application (give area code): Ken Hollis, Director (760)337.7814

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924

7. TYPE OF APPLICANT: (enter appropriate letter in box) B
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:
☐ New ■ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es) ☐ ☐
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Economic Development Planning Assistance Grant

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

13. PROPOSED PROJECT
Start Date: 7/02 Ending Date: 7/03

14. CONGRESSIONAL DISTRICTS OF: 52nd of California
a. Applicant: 52nd of California
b. Project: 52nd of California

15. ESTIMATED FUNDING:

a. Federal	$ 60,000
b. Applicant	$
c. State	$
d. Local	$ 20,000
e. Other	$
f. Program Income	$
g. TOTAL	$ 80,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 7/24/02
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative: Ann Capela	b. Title: Chief Executive Officer	c. Telephone Number: (760)482-4290
d. Signature of Authorized Representative: Ann L. Capela		e. Date Signed: 7/24/02

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL 26 2002 STATE CLEARING HOUSE

2. DATE SUBMITTED 7/26/02	Applicant Identifier Y536	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

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

5. APPLICANT INFORMATION
Legal Name: Rural Community Assistance Corporation
Organizational Unit:
Address (give city, county, State, and zip code): 3120 Freeboard Dr., Ste. 201, West Sacramento, Yolo County, CA 95691
Name and telephone number of person to be contacted on matters involving this application (give area code): Frank Emmick, 916/447-9832 x110

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 2 5 1 2 2 8 4

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

8. TYPE OF APPLICATION:
[x] New [ ] Continuation [ ] Revision
If Revision, enter appropriate letter(s) in box(es) [ ] [ ]
A. Increase Award; B. Decrease Award; C. Increase Duration; D. Decrease Duration; Other (specify):

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 — 5 7 0
TITLE: Rural Community Development Activities Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Facility Technical Assistance Program Area 2.0

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rural areas in AK, AZ, CA, CO, HI, NV, NM, ID, OR, UT, WA

13. PROPOSED PROJECT: Start Date 9/30/02; Ending Date 9/29/05

14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 3; b. Project Various, 11 Western states: AK, AZ, CA, CO, HI, ID, NV, NM, OR, UT, WA

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000 .00
b. Applicant	$ 400,000 .00
c. State	$ 138,053 .00
d. Local	$ 0 .00
e. Other	$ 2,413,382 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 3,951,435 .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 7/26/02 for CA and NM
b. No. [ ] PROGRAM IS NOT COVERED BY E. O. 12372
[x] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW for UT and NV per their instructions

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

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

a. Type Name of Authorized Representative: William French	b. Title: Chief Executive Officer	c. Telephone Number: 916/447-2854
d. Signature of Authorized Representative: William French		e. Date Signed: 7/26/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL 25 2002 STATE CLEARING HOUSE

RECEIVED JUL 2 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Preapplication ☒ Construction ☐ Non-Construction	2. DATE SUBMITTED JUL 25 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: East Niles Community Services District

Organizational Unit:

Address (give city, county, State, and zip code): 1417 Vale Street Bakersfield, CA. 93306 Kern County

Name and telephone number of person to be contacted on matters involving this application (give area code): Kelly Ulrich (661) 871-2011

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006261

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE: Water and Waste Disposal Loan and Grant Application

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Due to loss of surface water for our treatment plant, we must drill (2) deep wells and install storage and pressure tanks with booster pumps in order to replace the lost capacity.

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

13. PROPOSED PROJECT

Start Date: ASAP
Ending Date: Oct 2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Congress District 20 & 21
b. Project: Congress District 21

15. ESTIMATED FUNDING:

a. Federal	$ 2,000,000 .00
b. Applicant	$ — .00
c. State	$ — .00
d. Local	$ — .00
e. Other	$ — .00
f. Program Income	$ — .00
g. TOTAL	$ 2,000,000 .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 10, 2002

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Kelly K. Ulrich	b. Title: General Manager	c. Telephone Number: (661) 871-2011
d. Signature of Authorized Representative: Kelly K Ulrich		e. Date Signed: July 10, 2002

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED
JUL 25 2002
STATE CLEARING HOUSE

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

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ■ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Bay Area Air Quality Management District

Organizational Unit:

Address (give city, county, state, and zip code): 939 Ellis Street, San Francisco, CA 94109

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

6. EMPLOYER IDENTIFICATION (EIN): 94 - 1622746

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

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

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

Other Specify: _____

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6.6.6.0.6

TITLE: Surveys, Studies-Investigations-Sepcl Sect. 103 Air Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Support for air monitoring for toxics in the San Francisco Bay Area (San Jose sit

$ 80,000.00

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

13. PROPOSED PROJECT:

Start Date	End Date
8/1/02	12/31/02

14. CONGRESSIONAL DISTRICT OF:
- a. Applicant: 02
- b. Project: 04-13

15. Estimated Funding:

a. Federal	$ 80,000.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 80,000.00

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

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

DATE 7/25/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative: Peter Hess	b. Title: Deputy Air Pollution Control Officer	c. Telephone Number (415) 749-4971
d. Signature of Authorized Representative: Peter Hess		e. Date Signed: 7/24/02

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 28, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Colusa

Organizational Unit: Migrant Housing

Address *(give city, county, State, and zip code)*: 100 Sunrise blvd., Suite F, Colusa, CA 95932

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Harry A. Krug, 530-458-0580

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 93-6000508

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Agricultural Farm Labor Housing

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Williams, County of Colusa, California

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13. PROPOSED PROJECT

Start Date: 1/1/03 Ending Date: 12/31/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 3 b. Project: 3

15. ESTIMATED FUNDING:

a. Federal	$ 3,000,000.00
b. Applicant	$ 5,000.00
c. State	$ 2,000,000.00
d. Local	$ 400,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 5,405,000.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Harry A. Krug	b. Title: Director of Migrant Housing	c. Telephone Number: (530) 458-0580
d. Signature of Authorized Representative: Harry A Krug		e. Date Signed: 5/28/02

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 7/23/02	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Local Government Commission

Organizational Unit:

Address (give city, county, State, and zip code): 1414 K Street, Suite 600, Sacramento, CA 95814

Name and telephone number of person to be contacted on matters involving this application (give area code): Michele Kelso 916-448-1198 ext 308

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2791699

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: Surveys, Investigations, Studies, & Special Purpose Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2003 Smart Growth Conference

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

13. PROPOSED PROJECT

Start Date: 9/1/02 Ending Date: 12/31/03

14. CONGRESSIONAL DISTRICTS OF: Congressman Robert Matsui

a. Applicant

b. Project

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15. ESTIMATED FUNDING: $10,000

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

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

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

DATE 7/23/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Judith A. Corbett	b. Title: Executive Director	c. Telephone Number: 916-448-1198
d. Signature of Authorized Representative: Judith A. Corbett		e. Date Signed: 7/22/02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 7/23/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: COMMUNITY MATTERS

Organizational Unit: CORPORATION - NON PROFIT ORG

Address (give city, county, State, and zip code): P.O. BOX 14916, SANTA ROSA, CA 95402

Name and telephone number of person to be contacted on matters involving this application (give area code): CHRIS PACK 707-823-6159

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0369720

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: US EPA REGION 9

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

TITLE: CWA 104(B)3

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SAN JOAQUIN VALLEY Protection Regulatory & "Beyond Compliance" Mapping and Strategic Planning

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

13. PROPOSED PROJECT

Start Date: 10/1/02 Ending Date: 9/30/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CALIFORNIA: 6

b. Project: CALIFORNIA: 21, 20, 19, 18, 11, 5

15. ESTIMATED FUNDING:

a. Federal	$ 50,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 50,000 .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 7/23/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: RICK PHILLIPS	b. Title: EXECUTIVE DIRECTOR	c. Telephone Number: 707-823-6159
d. Signature of Authorized Representative: Rick Phillips		e. Date Signed: 7/22/02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED JUL 22 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application [X] Construction [ ] Non-Construction; Preapplication [X] Construction [ ] Non-Construction	2. DATE SUBMITTED 7/18/02	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Gonzales

Organizational Unit: Planning Department

Address (give city, county, State, and zip code): P.O. Box 647, 147 Fourth St., Gonzales, Monterey, CA 93926

Name and telephone number of person to be contacted on matters involving this application (give area code): Duane Peterson (831) 675-4203

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000341

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: Economic Development Administration U.S. Department of Commerce

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ][ ] - [ ][ ][ ]

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design & construct streets, drainage & underground utilities in new industrial park

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

13. PROPOSED PROJECT

Start Date: 10/1/02 Ending Date: 9/30/04

14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California 17th; b. Project: California 17th

15. ESTIMATED FUNDING:

a. Federal	$ 2,001,000.00
b. Applicant	$ 858,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,859,000.00

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 7/18/02

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

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

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

a. Type Name of Authorized Representative: Henry G. Hesling, Sr.	b. Title: City Manager	c. Telephone Number: (831) 675-5000
d. Signature of Authorized Representative: Henry G. Hesling		e. Date Signed: 7/18/02

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

GENERAL REQUIREMENTS

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Project ID:	CA-03-0596
Budget Number:	1 - Budget Pending Approval
Project Information:	MTOC

Part 1: Recipient Information

Project Number:	CA-03-0596
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 218-1994

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336

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JUL 22 2002
STATE CLEARING HOUSE

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-03-0596
Project Description:	MTOC

Gross Project Cost:	$2,475,788
Adjustment Amt:	$0
Total Eligible Cost:	$2,475,788

Recipient Type:	County Agency
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Lisa Patton 562.599.8511
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	20507
Sec. of Statute:	5309
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Jul. 18, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001
Program Page:	LA01B106 & LAOB354
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Total FTA Amt:	$1,980,630
Total State Amt:	$0
Total Local Amt:	$495,158
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	37	Juanita Millender-McDon
6	38	Steve Horn
6	39	Edward Royce

Project Details

PROJECT DESCRIPTION
This project includes funding for Replacement Buses (Two Alternative Fuel MTOC Buses)and the renovation of existing maintenance and fueling station facilities to accomodate the operation and maintenance of LNG fueled vehicles (Alternative Fuel Facility Design/Construction).

LOCAL FUNDS
The source of local funds are 2002 TDA Article IV funds.

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Project ID:	CA-40-X011-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Emergency Drills

Part 1: Recipient Information

Project Number:	CA-40-X011-00
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 218-1994

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336

RECEIVED
JUL 22 2002
STATE CLEARING HOUSE

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-40-X011-00
Project Description:	Emergency Drills

Gross Project Cost:	$35,000
Adjustment Amt:	$0
Total Eligible Cost:	$35,000

Recipient Type:	County Agency
FTA Project Mgr:	Ray Tellis 213.202.3956
Recipient Contact:	Lisa Patton 562.599.8511
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	.
State Appl. ID:	None Specified
Start/End Date:	Aug. 01, 2002 - Dec. 31, 2002
Recvd. By State:	Jul. 17, 2002
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 03, 2002
Program Page:	.
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Total FTA Amt:	$35,000
Total State Amt:	$0
Total Local Amt:	$0
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	37	Juanita Millender-McDon
6	38	Steve Horn
6	39	Edward Royce

Project Details

Emergency Preparedness Drills
Agency Exercise Coordinator's name and contact number:
Ed King, Executive Director of Operations, (562) 599-8509

The goal of the exercise is to ensure that the resources and the preparation for a disaster meet and exceed the expectations of our community and the employees responding to the disaster by:

1. Providing the support for the transport of resources responding to the emergency and the safe evacuation of

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Preapplication ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED 7-19-02	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Diego BayKeeper

Organizational Unit: San Diego BayKeeper

Address (give city, county, State, and zip code): 2924 Emerson St. #220, San Diego, CA 92173

Name and telephone number of person to be contacted on matters involving this application (give area code): Hiram Sarabia (619) 758-7743

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0647946

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

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

TITLE: US-México Border Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Border Coastal Water Monitoring Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial Beach, CA to Ensenada, Mexico

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13. PROPOSED PROJECT: Border Coastal Monitoring; Start Date 10/02; Ending Date 10/03

14. CONGRESSIONAL DISTRICTS OF: California's 49th District

a. Applicant: San Diego BayKeeper

b. Project: Border Coastal Water Monitoring Project

15. ESTIMATED FUNDING: $51,762.00

Federal	$ 25,000.00
Applicant	$ 0.00
State	$ 0.00
Local	$ 0.00
Other	$ 26,762.00
Program Income	$ 0.00
TOTAL	$ 51,762.00

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 7/19/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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.

Type Name of Authorized Representative: Bruce Reznik	b. Title: Executive Director	c. Telephone Number: (619) 758-7743
Signature of Authorized Representative		e. Date Signed: 7/19/02

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APPLICATION FOR FEDERAL ASSISTANCE

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STATE CLEARING HOUSE

1. TYPE OF SUBMISSION Application ☐ Construction ■ Non-Construction	Preapplication ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED July 17, 2002 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY
		Applicant Identifier Region IX State Application Identifier Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of West Hollywood	Organizational Unit:: Rent Stabilization & Housing Department
Address (give city, county, state, and zip code): 8300 Santa Monica Blvd West Hollywood, CA 90069	Name and telephone number of the person to be contacted on matters involving this application (give area code) Allyne Winderman (323) 848-6524

6. EMPLOYER IDENTIFICATION (EIN):
95-3946635

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

8. TYPE OF APPLICATION:
✓ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.811
TITLE: Brownfields Cooperative Agreements

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Brownfields Project Area Grant

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City of West Hollywood

13. PROPOSED PROJECT:

Start Date	End Date
October 1, 2002	September 30, 2002

14. CONGRESSIONAL DISTRICT OF:
Representative Henry Waxman, 29th District
a. Applicant: City of West Hollywood
b. Project: East Side Brownfields Project

15. Estimated Funding:

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

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:
DATE July 17, 2002
b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed Name of Authorized Representative: Paul Arevalo	b. Title: City Manager	c. Telephone Number (323) 484-6427
d. Signature of Authorized Representative		e. Date Signed July 17, 2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED: May 8, 2002	Applicant Identifier: N/A
Application	Preapplication	3. DATE RECEIVED BY STATE	State Applicant Identifier: N/A
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: N/A
☒ Non-Construction	☒ Non-Construction		

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5. APPLICANT INFORMATION

Legal Name: Arcadia Police Department

Organizational Unit:

Address (give city, county, state, and zip code):
250 West Huntington Drive
Arcadia, CA 91007

Name and telephone number of person to be contacted on matters involving this application (give area code)
Name: Richard Sandona
Phone: 6265745179

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000667

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Department of Justice
Office of Community Oriented Policing Services

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

TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Narrow Band Communications Network and infrastructure

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City of Arcadia, California

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2001	9/30/2002

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
28th Dreier	28th Dreier

15. ESTIMATED FUNDING:

a. Federal	$ 900000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

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

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

DATE _____

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

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
David Hinig	Chief of Police	626-574-5178

d. Signature of Authorized Representative

e. Date Signed: May 8, 2002

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 22, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE: MAY 2 0 2002	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Cabrillo Economic Development Corporation

Organizational Unit:

Address (give city, county, State, and zip code): 11011 Azahar Street, Ventura County, Saticoy, California

Name and telephone number of person to be contacted on matters involving this application (give area code): Jesse R. Ornelas, 805/659-3791, x 14

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3681521

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415

TITLE: Rural Rental Housing Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santa Paula Farm worker, 24 units family rental in Santa Paula, California

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Paula, County of Ventura, State of California

13. PROPOSED PROJECT

Start Date	Ending Date
10/2/02	8/3/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 23

b. Project: 23

15. ESTIMATED FUNDING:

a. Federal	$ 600,000.00
b. Applicant	$ .00
c. State	$ 750,000.00
d. Local	$ 381,000.00
e. Other	$ 3,562,957.00
f. Program Income	$ .00
g. TOTAL	$ 5,293,957.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Jesse R. Ornelas	b. Title: Senior Project Manager	c. Telephone Number: (805) 659-3791
d. Signature of Authorized Representative		e. Date Signed

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 05/28/02

Applicant Identifier:

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

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Cabrillo Economic Development Corporation

Organizational Unit:

Address (give city, county, State, and zip code): 11011 Azahar Street, Saticoy, CA 93004

Name and telephone number of person to be contacted on matters involving this application (give area code): Yissel Barajas (805) 659-3791 x17

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3681521

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: Department of Agriculture, Rural Housing Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415

TITLE: Rural Rental Housing Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Villa Victoria, 54 unit housing development in Oxnard, California

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oxnard, County of Ventura, California

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13. PROPOSED PROJECT: Start Date 10/03; Ending Date 10/04

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23; b. Project 23

15. ESTIMATED FUNDING:

a. Federal	$ 1,100,000.00
b. Applicant	$ .00
c. State	$ 900,000.00
d. Local	$ 300,000.00
e. Other	$ 9,704,883.00
f. Program Income	$ .00
g. TOTAL	$ 12,004,883.00

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

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

DATE _____

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

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

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

a. Typed Name of Authorized Representative: Karen Flock

b. Title: Housing Development Dir.

c. Telephone Number: (805) 659-3791

d. Signature of Authorized Representative: Karen Flock

e. Date Signed: 5-13-02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED May 28, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Colusa

Organizational Unit: Migrant Housing

Address (give city, county, State, and zip code): 100 Sunrise blvd., Suite F, Colusa, CA 95932

Name and telephone number of person to be contacted on matters involving this application (give area code): Harry A. Krug, 530-458-0580

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 3 — 6 0 0 0 5 0 8

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 4 0 5

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Agricultural Farm Labor Housing

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Williams, County of Colusa, California

13. PROPOSED PROJECT

Start Date: 1/1/03 Ending Date: 12/31/03

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 3

15. ESTIMATED FUNDING:

a. Federal	$ 3,000,000.00
b. Applicant	$ 5,000.00
c. State	$ 2,000,000.00
d. Local	$ 400,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 5,405,000.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Harry A. Krug	b. Title: Director of Migrant Housing	c. Telephone Number: (530) 458-0580
d. Signature of Authorized Representative: Harry A Krug		e. Date Signed: 5/28/02

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 15, 2002

Applicant Identifier:

1. TYPE OF SUBMISSION

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☒ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: State of California
Department of Housing and Community Development

Organizational Unit: Office of Migrant Services

Address (give city, county, state, and zip code): P.O. Box 952054
Sacramento, CA 94252-2054

Name and telephone number of the person to be contacted on matters involving this application (give area code): Ken Crawford (916) 327-3943

6. EMPLOYER IDENTIFICATION (EIN): 94 - 6001347

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 405

TITLE: FmHA 514/516 Farm Labor Housing

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Replace 88 units of migrant labor housing, 2 manager's units, office/maintenance building, child care facility, and laundry building, located in the city of Planada, Merced County.

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

City of Planada, Merced County, California

13. PROPOSED PROJECT:

Start Date	End Date
7/1/04	5/1/05

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: 18

b. Project: 18

15. Estimated Funding:

a. Federal		$ 3,000,000.00
b. Applicant		$
c. State		$ 4,100,000.00
d. Local		$ 50,000.00
e. Other -		$
f. Program Income	Rental Subsidy	$ 11,731,392.99
g. TOTAL	With State Subsidy	$ 18,881,392.99

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

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

DATE: _____

b. NO.

☒ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Typed Name of Authorized Representative: William J. Pavão

b. Title: Deputy Director

c. Telephone Number: (916) 322-1560

d. Signature of Authorized Representative

e. Date Signed: May 15, 2002

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JUL 22 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 28, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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

5. APPLICANT INFORMATION
Legal Name: South County Housing Corporation
Organizational Unit:
Address (give city, county, State, and zip code): 7455 Carmel Street, Gilroy, CA 95020
Name and telephone number of person to be contacted on matters involving this application (give area code): Andy Lief (408)842-9181

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2590572

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

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Boronda Gardens
15 multifamily units

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

13. PROPOSED PROJECT
Start Date: 9/15/02
Ending Date: 1/31/04

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 16th
b. Project: 17th

15. ESTIMATED FUNDING:

a. Federal	$ 3,099,122 .00
b. Applicant	$ 67,430 .00
c. State	$ 0 .00
d. Local	$ 44,900 .00
e. Other	$ 227,500 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 3,438,952 .00

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

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

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

a. Type Name of Authorized Representative: Dennis Lalor	b. Title: Executive Director	c. Telephone Number: 408-842-9181
d. Signature of Authorized Representative		e. Date Signed: May 24, 2002

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 5/28/02

Applicant Identifier:

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

3. DATE RECEIVED BY STATE: MAY 28 2002

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Self-Help Enterprises

Organizational Unit: None

Address (give city, county, State, and zip code): 8445 W. Elowin Court, P.O. Box 6520, Visalia, CA 93290

Name and telephone number of person to be contacted on matters involving this application (give area code): Doug Pingel (559) 651-1000, Ext. 651

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1592676

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: USDA, Rural Housing Serivce

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Section 514 10-405

TITLE: Farm Labor Housing Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 48-unit multi-family housing complex, community center and recreational facilities.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Del Rey, County of Fresno

13. PROPOSED PROJECT: Start Date 3/2003; Ending Date 11/2003

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21; b. Project 20

15. ESTIMATED FUNDING:

a. Federal USDA - RD	$ 3,000,000 .00
b. Applicant	$ .00
c. State County HOME Funds	$ 700,000 .00
d. Local	$ .00
e. Other HCD FWHG	$ 2,500,000 .00
f. Program Income	$ .00
g. TOTAL	$ 6,200,000 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/28/02

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

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

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

a. Type Name of Authorized Representative: Peter N. Carey

b. Title: Secretary

c. Telephone Number: (559) 651-1000

d. Signature of Authorized Representative:

e. Date Signed: 5-23-2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 23, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE: MAY 23 2002	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Housing Authority of the County of Kern

Organizational Unit:

Address (give city, county, State, and zip code): 525 Roberts Lane, Bakersfield, Kern County, CA 93308

Name and telephone number of person to be contacted on matters involving this application (give area code): Randy Coats (661)335-0528 ext. 2238

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001629

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Request for Funding for Phase II of Ruben J. Blunt Village in Lamont, CA.

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

13. PROPOSED PROJECT

Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 20th and 21st

b. Project: 20th

15. ESTIMATED FUNDING: $3,521,564

a. Federal	$ 1,550,000 .00
b. Applicant	$ 243,000 .00
c. State	$ .00
d. Local	$ 850,000 .00
e. Other	$ 878,564 .00
f. Program Income	$ .00
g. TOTAL	$ 3,521,564 .00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: William L. Carter	b. Title: Executive Director	c. Telephone Number: (661) 393-2150
d. Signature of Authorized Representative		e. Date Signed

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application / Pre-application: [ ] Construction [ ] Construction [X] Non-Construction [ ] Non-Construction	2. DATE SUBMITTED: July 12, 2002 — Applicant Identifier:
	3. DATE RECEIVED BY STATE: — State Application Identifier:
	4. DATE RECEIVED BY FEDERAL AGENCY: — Federal Identifier: F-6-C

5. APPLICANT INFORMATION

Legal Name: **STATE OF CALIFORNIA**

Organizational Unit: **Department of Fish and Game**

Address (give city, county, state and zip code):
Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814

Name and telephone number of the person to be contaced on matters involving this application (give area code):
Carolyn Murata (916) 445-3559

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **94-1697567**

7. TYPE OF APPLICANT: (enter appropriate letter: A):
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Instruction of Higher Learning
J. Private University
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
[ ] New [X] Continuation [ ] Revision
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
E. Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **15-605**
TITLE: **Sport Fish Restoration Act**

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fish Management Coordination Project.
Amendment Number 14 extends the project for an addt'l 5 years to continue coordination & administration of CA's Federal Aid in Sport Fish Restoration Program. Program Narrative attached.

13. PROPOSED PROJECT:

Start Date	Ending Date
07/01/2002	06/30/2007

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	1

15. ESTIMATED FUNDING:

a. Federal	$1,997,850
b. Applicant	
c. State	$665,950
d. Local	
e. Other	
f. Program Income	
g. **TOTAL**	**$2,663,800**

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

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?
____ Yes If "Yes", attach an explanation X No

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Michael F. Harris	Deputy Director, Admin.	(916) 653-4633

d. Signature of Authorized Representative	e. Date Signed
Darlene Hardy for	7/18/02

Approved for the Secretary of the Interior	Title:	Date
Signature		

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION Application: [X] Construction [ ] Non-Construction Preapplication: [ ] Construction [ ] Non-Construction	2. DATE SUBMITTED July 17, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-110-B

5. APPLICANT INFORMATION

Legal Name: **STATE OF CALIFORNIA**

Organizational Unit: **Department of Fish and Game**

Address (give city, county, state and zip code):
Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814

Name and telephone number of the person to be contaced on matters involving this application (give area code):
Carolyn Murata (916) 445-3559

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697567

7. TYPE OF APPLICANT: (enter appropriate letter: A):
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Instruction of Higher Learning
J. Private University
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
[X] New [ ] Continuation [ ] Revision
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
E. Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-605
TITLE: **Sport Fish Restoration Act**

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Motorboat Access Enhancement Project for the Suisun City Improvements (Peytonia Slough Ecological Reserve). Project Narrative attached.

13. PROPOSED PROJECT:

Start Date	Ending Date
07/ /02	6/30/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	7

15. ESTIMATED FUNDING:

a. Federal	$137,100.00
b. Applicant	
c. State	$45,700.00
d. Local	
e. Other	
f. Program Income	
g. **TOTAL**	**$182,800.00**

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

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?
____ Yes If "Yes", attach an explanation X No

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Michael F. Harris	Deputy Director, Admin.	(916) 653-4633

d. Signature of Authorized Representative	e. Date Signed
Darlene Hardy for	7/18/02

Approved for the Secretary of the Interior	Title:	Date
Signature		

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STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 7/7/2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Berkeley Youth Alternatives

Organizational Unit:

Address (give city, county, State, and zip code): 1255 Allston Way Alameda County Ca 94702

Name and telephone number of person to be contacted on matters involving this application (give area code): Kevin D. Williams, JD, MPH 510-647-0711

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1711728

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: Community Food & Nutrition Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Berkeley Youth Alternatives' Culinary Skills Training Program will train low-income youth of color how to prepare snacks and meals for children and families and feed up to 767 people per week.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Berkeley, Albany, Oakland; Alameda County & Contra Costa County; California

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF: Ninth

a. Applicant: Barbara Lee
b. Project: Barbara Lee

15. ESTIMATED FUNDING:

a. Federal	$ 50,000 .00
b. Applicant	$ 15,000 .00
c. State	$ 32,542 .00
d. Local	$ 0 .00
e. Other	$ 44,337 .00
f. Program Income	$ 0 .00
g. TOTAL	$ 141,879 .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 7/7/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Niculia Williams	b. Title: Executive Director	c. Telephone Number: 510-845-9010
d. Signature of Authorized Representative: Niculia Williams		e. Date Signed: 7/7/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 24, 2002

Applicant Identifier:

3. DATE RECEIVED BY STATE: MAY 28 2002

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

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TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Human Development Corporation (CHDC)

Organizational Unit: Non-profit corporation

Address (give city, county, State, and zip code): 3315 Airway Dr. Santa Rosa, CA 95401

Name and telephone number of person to be contacted on matters involving this application (give area code): Tony Silva (916) 329-9315

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1653023

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405

TITLE: 514 / 516 Farm Labor Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

"Courtland Plaza" 31-unit apartment complex for farm worker housing (Both permanent & migrant)

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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento River Corridor, Sacramento County, California

13. PROPOSED PROJECT

Start Date: 9/2/02 Ending Date: 9/2/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Sacramento Office - District 5

b. Project: District 5

15. ESTIMATED FUNDING:

a. Federal	$ 1,648,000.00
b. Applicant	$ .00
c. State	$ 1,530,000.00
d. Local	$ .00
e. Other	$ 64,000.00
f. Program Income	$ .00
g. TOTAL	$ 3,242,000.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: George L. Ortiz

b. Title: President / CEO - CHDC

c. Telephone Number: (707) 523-1155

Signature of Authorized Representative: George L. Ortiz

e. Date Signed: 05-28-02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 16,2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: [X] Construction [ ] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Stockton

Organizational Unit: Parks & Recreation Department

Address (give city, county, State, and zip code): 6 E. Lindsay Street, Stockton, San Joaquin, CA 95202-1997

Name and telephone number of person to be contacted on matters involving this application (give area code): Christine Tien, Interim Director (209) 937-8373

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000436

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

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9. NAME OF FEDERAL AGENCY: 1443 National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919

TITLE: Urban Park and Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

EDNA GLEASON PARK REHABILITATION PROJECT

Increasing recreational opportunities and community partnerships that strengthen community image, safety and security while supporting economic and family development through the rehabilitation of a community's park as the social center of the Gleason Park Neighborhood.

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

13. PROPOSED PROJECT

Start Date by March 2003; Ending Date by January 2006

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 11; b. Project 11

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000
b. Applicant	$ 428,571
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,428,571

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 16, 2002

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [X] No

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

a. Type Name of Authorized Representative: Gary A. Podesto	b. Title: Mayor	c. Telephone Number: (209) 937-8499
d. Signature of Authorized Representative		e. Date Signed: July 16, 2002

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 7/18/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: [X] Construction [ ] Non-Construction

Preapplication: [X] Construction [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Gonzales

Organizational Unit: Planning Department

Address *(give city, county, State, and zip code)*:
P.O. Box 647
147 Fourth St.
Gonzales, Monterey, CA 93926

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Duane Peterson (831) 675-4203

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000341

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY:
Economic Development Administration
U.S. Department of Commerce

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ][ ] - [ ][ ][ ]

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Design & construct streets, drainage & underground utilities in new industrial park

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Gonzales

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13. PROPOSED PROJECT

Start Date: 10/1/02 Ending Date: 9/30/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California 17th

b. Project: California 17th

15. ESTIMATED FUNDING:

a. Federal	$ 2,001,000.00
b. Applicant	$ 858,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,859,000.00

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 7/18/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [X] No

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

a. Type Name of Authorized Representative: Henry G. Hesling, Sr.	b. Title: City Manager	c. Telephone Number: (831) 675-5000
d. Signature of Authorized Representative: Henry G. Hesling		e. Date Signed: 7/18/02

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

GENERAL REQUIREMENTS

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

	2. Date Submitted (mm/dd/yyyy) 7/17/02	Applicant Identifier
1. Type of Submission *Application* ☒ Construction ☐ Non-Construction *Preapplication* ☐ Construction ☐ Non-Construction	3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Timber Ridge at McKinleyville, LLC

Organizational Unit:

Address *(give city, county, state, and zip code)*:
5251 Ericson Way, Suite 1
Arcata, CA 95521

Name and telephone number of the person to be contacted on matters involving this application (give area code)
James L. Hamernick, Reilly Mortgage Group
703-760-4700 X 4743

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[ ][ ] – [ ] T B D [ ][ ][ ]

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

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

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 1 4 . 1 2 9

TITLE: Mortgage Insurance - Nursing Homes, Intermediate Care Facilities, Board and Care Homes and Assisted Living Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FHA Section 232, New Construction
48 Unit Assisted Living Facility

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STATE CLEARING HOUSE

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

13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
2/1/03	12/1/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Congressional District 1
b. Project: Congressional District 1

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE (mm/dd/yyyy) 7/17/02

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

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number (Include Area Code)
James L. Hamernick	Vice President	703-760-4743

d. Signature of Authorized Representative: James L. Hamernick
e. Date Signed (mm/dd/yyyy)

Previous Edition Usable (7/97)

Standard Form 424
Prescribed by OMB Circular A-102

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I. General Information

Applicant Organization's Legal Name:

City of Fontana Police Department

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STATE CLEARING HOUSE

Applicant Agency ORI Number: CA03604 _ _ _ _

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 14.

Applicant Agency EIN Number: 9 5 6 0 0 4 7 7 1

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 42nd

Do not substitute state or local congressional districts.

Is your agency contracting for law enforcement services? [ ] Yes [X] No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

(1) **Fontana has grown by 39% from 1991 to 2002; growth in the Police Department has not kept pace.** Population will increase from 135,100 to 141,385 on January, 2003; another 5%.

(2) Calls for service rose 4% in Fiscal Year 2001/02 and are estimated to rise another 4% in Fiscal Year 2002/03. **Officer per 1,000 population ratios are currently at 1.03 which is well below the western state average of 1.8.**

(3) **The free time rate for officers to do community oriented policing projects or other proactive patrol has decreased by 3% from 2001 to 2002.**

(4) **Law enforcement agencies in California are faced with budget cuts as a result of a $23 billion state budget deficit; an impact to Fontana of about $499,000 on July 1, 2002. Fontana cannot make up this deficit and add sufficient personnel to address the trends indicated above.**

(5) A loss of funds will impact service delivery to the citizens of Fontana effective Fiscal Year 2002/03, continuing into Fiscal Year 2003/04 and beyond which is why Federal funding is being requested.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Frank J. Scialdone

Title: Chief of Police Agency Name: Fontana Police Department

Address: 17005 Upland Ave.

City: Fontana State: CA Zip Code: 92335

Telephone: (909) 350-7702 Fax: (909) 356-7111

E-mail (if applicable): fscialdone@fontana.org

Type of Law Enforcement Agency:

☒ Municipal ☐ State ☐ County Police Department
☐ Sheriff* ☐ Tribal* ☐ Transit*
☐ School* ☐ University/College* (☐ Public or ☐ Private?)
☐ Public Housing* ☐ New Start-Up* (please specify):
☐ Other* (please specify):

** Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.*

Government Executive's Name: Kenneth R. Hunt

Title: City Manager Name of Government Entity: City of Fontana

Address: 8353 Sierra Ave

City: Fontana State: CA Zip Code: 92335

Telephone: (909) 350-7654 Fax: (909) 350-6613

E-mail (if applicable): khunt@fontana.org

Type of Government Entity:

☐ State ☒ City ☐ Town ☐ County
☐ Village ☐ Borough ☐ Township ☐ Territory
☐ Region ☐ Council ☐ Community ☐ Pueblo
☐ Nation ☐ School District
☐ Other (please specify):

Contact Information:

Contact person in your department who is familiar with this grant:

Name: Pam Stewart Title: Sr. Admin Analyst

Telephone: (909) 350-7766 Fax: (909) 356-7111

E-mail (if applicable): pstewart@fontana.org

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

Universal Hiring Program 2002 Budget Information

Applicant Legal Name: City of Fontana Police Department ORI Code (Assigned by FBI): C A 0 3 6 0 4

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. **All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.
OMB Approval Number: 1103-0027

PART I: Complete if your agency is requesting full-time officers

1. Cost Per Full-Time Officer – Year 1

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	$47,260 .00	% of base salary	**Enter the base annual first year salary that your department currently pays a new, entry-level officer.**
Annual Fringe Benefits:			
* Please refer to Part III, Question 4			
*Social Security	$ .00	%	Cost for Social Security may not exceed 6.2%. **If exempt check here [X]**
*Medicare	$ 685 .00	1.45 %	Cost for Medicare may not exceed 1.45%. **If exempt check here [ ]**
Health Insurance	(1) $see below .00	cafeteria %	Costs toward health insurance coverage; please indicate if this is for **Family Coverage XX Yes [ ] No**
(1) Life Insurance	$see below .00	cafeteria %	Costs toward life insurance coverage.
Vacation	$ 1,419 .00	3 %	Vacation costs, if not included in base salary. **# of hours annually:** 200
Sick Leave > Leave	$ .00	%	Sick leave costs, if not included in base salary. **# of hours annually:**
Retirement	$ 6,616 .00	14 %	Contribution to retirement benefits.
*Worker's Comp.	$ 3,781 .00	8 %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	$ .00	%	Costs of unemployment insurance. (See Part III, Question 4)
cafeteria plan Other	$ 7,212 .00	15.26 %	**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**
Other	$ .00	%	
Total Fringe Benefits	$19,713 .00		Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	$66,973 .00		**Year 1 base salary plus Year 1 fringe benefits.**

Previous editions are obsolete and should not be used. (2/11/02)

Applicant Legal Name: City of Fontana Police Department ORI (Assigned by FBI): C A 0 3 6 0 4

2. Cost Per Full-Time Officer – Year 2

Current Annual Entry-Level Base Salary	$ 48,678 .00	% of base salary	**Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.**
Annual Fringe Benefits:			
*Social Security	$ .00	%	Cost for Social Security may not exceed 6.2%. **If exempt check here [X]**
*Medicare	$ 706 .00	1.45 %	Cost for Medicare may not exceed 1.45%. **If exempt check here [ ]**
(1) Health Insurance	$ see below .00	cafeteria %	Costs toward health insurance coverage; please indicate if this is for **Family Coverage [X] Yes [ ] No**
(1) Life Insurance	$ see below .00	cafeteria %	Costs toward life insurance coverage.
Vacation > Leave	$ 1,460 .00	3 %	Vacation costs, if not included in base salary. **# of hours annually:** 200
Sick Leave > Leave	$ .00	%	Sick leave costs, if not included in base salary. **# of hours annually:**
Retirement	$ 6,815 .00	14 %	Contribution to retirement benefits.
*Worker's Comp.	$ 3,894 .00	8 %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	$ .00	%	Costs of unemployment insurance. (See Part III, Question 4)
(1) Other Cafeteria Plan	$ 7,287 .00	14.97 %	**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**
Other	$ .00	%	
Total Fringe Benefits	$ 20,162 .00		Sum of department fringe benefit costs for Year 2.
Total Year 2 Salary and Benefits	$ 68,840 .00		**Year 2 base salary plus Year 2 fringe benefits.**

3. Cost Per Full-Time Officer – Year 3

Current Annual Entry-Level Base Salary	$ 50,138 .00	% of base salary	**Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.**
Annual Fringe Benefits:			
*Social Security	$ .00	%	Cost for Social Security may not exceed 6.2%. **If exempt check here [X]**
*Medicare	$ 727 .00	1.45 %	Cost for Medicare may not exceed 1.45%. **If exempt check here [ ]**
(1) Health Insurance	$ see below .00	cafeteria plan %	Costs toward health insurance coverage; please indicate if this is for **Family Coverage [X] Yes [ ] No**
(1) Life Insurance	$ see below .00	cafeteria plan %	Costs toward life insurance coverage.
Vacation > Leave	$ 1,504 .00	3 %	Vacation costs, if not included in base salary. **# of hours annually:** 208
Sick Leave > Leave	$ .00	%	Sick leave costs, if not included in base salary. **# of hours annually:**
Retirement	$ 7,019 .00	14 %	Contribution to retirement benefits.
*Worker's Comp.	$ 4,011 .00	8 %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	$ .00	%	Costs of unemployment insurance. (See Part III, Question 4)
(1) Other cafeteria plan	$ 7,287 .00	14.53 %	**Costs of equipment, training, uniforms, vehicles and overtime are not permitted.**
Other	$ .00	%	
Total Fringe Benefits	$ 20,548 .00		Sum of department fringe benefit costs for Year 3.
Total Year 3 Salary and Benefits	$ 70,686 .00		**Year 3 base salary plus Year 3 fringe benefits.**

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED July 17, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: The Regents of the University of California

Organizational Unit: Division of Agriculture and Natural Resources

Address *(give city, county, State, and zip code)*: 1111 Franklin St., 6th Floor, Oakland, CA 96407-5200

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Carol Berman (510) 987-0050

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6036494

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: US EPA

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

TITLE: Surveys, Studies, Investigations and Special Purpose

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Integrated Strategies to Manage Resistant Weeds and Reduce Herbicide Use in Rice

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Multiple counties in Sacramento Valley, CA agricultural areas

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13. PROPOSED PROJECT

Start Date	Ending Date
10/1/02	12/31/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 9TH

b. Project: 2ND, 3RD, AND 4TH

15. ESTIMATED FUNDING:

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

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

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

DATE 07/17/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Carol Berman	b. Title: Contracts & Grants Coordinator	c. Telephone Number: (510) 987-0050
d. Signature of Authorized Representative: Carol Berman		e. Date Signed: 7/17/02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted (mm/dd/yyyy) 06/01/02	Applicant Identifier B-02-UC-06-0503
3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
4. Date Received by Federal Agency (mm/dd/yyyy) 06/01/02	Federal Identifier

1. Type of Submission

Application	Preapplication
[X] Construction	[ ] Construction
[ ] Non-Construction	[ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Bernardino

Organizational Unit: Dept. of Economic and Community Development

Address (give city, county, state, and zip code): 290 North "D" Street, Sixth Floor, San Bernardino, CA 92415-0040, San Bernardino

Name and telephone number of the person to be contacted on matters involving this application (give area code) Thomas R. Laurin, Director (909) 388-0808 (909) 388-0820 Fax

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6002748

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: U.S. Dept. of Housing & Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 14.218

TITLE: CDBG Entitlement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.

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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Unincorporated San Bernardino County and 14 cooperating cities

13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
07/01/02	06/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 25, 26, 41, 42, 43

b. Project: 25, 26, 41, 42, 43

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

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

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

DATE (mm/dd/yyyy) 06/15/02

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

OR [ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [X] No

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

a. Typed Name of Authorized Representative: Fred Aguiar

b. Title: Chairman, County Board of Supervisors

c. Telephone number (Include Area Code): (909) 387-4866

d. Signature of Authorized Representative: Fred Aguiar

ATTEST: J. RENEE BASTIAN, Clerk of the Board

By Nina Hernandez, Deputy

e. Date Signed (mm/dd/yyyy): MAY 14 2002

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Standard Form 424 Prescribed by OMB Circular A-102

County Counsel Approved 5-13-02

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 7/18/02	Applicant Identifier:
3. DATE RECEIVED BY STATE	State Application Identifier:
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier:

1. TYPE OF SUBMISSION

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Communities for a Better Environment

Organizational Unit:

Address (give city, county, state, and zip code): 1611 Telegraph AV, Suite 450, Oakland, CA 94612

Name and telephone number of the person to be contacted on matters involving this application (give area code): Christy Rodgers, 510-302-0430, ext 212

6. EMPLOYER IDENTIFICATION (EIN): 9 4 2 9 9 8 0 8 6

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

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

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

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

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

Other Specify: _____

9. NAME OF FEDERAL AGENCY: EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 . 6 0 4

TITLE: Environmental Justice Small Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Pollution Monitoring Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): city of Wilmington, LA County

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13. PROPOSED PROJECT:

Start Date	End Date
10/1/02	10/1/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant	b. Project
CA-9	CA-9

15. Estimated Funding:

a. Federal	$ 19,990
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 7/18/02

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed Name of Authorized Representative: Carlos Porras	b. Title: Executive Director	c. Telephone Number: 323-826-9771, ext109
d. Signature of Authorized Representative: [signature]		e. Date Signed: 7/18/02

Application for Federal Education Assistance (ED 424)

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

Applicant Information

1. Name and Address
Legal Name: Bakersfield Police Activities League
Address: 301 E. 4th Street
Organizational Unit:
Bakersfield (City) CA (State) Kern (County) 93307 - 1407 (ZIP Code + 4)

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

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

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

5. Project Director: Greg Williamson
Address: 301 E. 4th Street
Bakersfield, (City) CA (State) 93307 - 1407 (ZIP Code + 4)
Tel. #: (661) 283-8880 Fax #: (661) 283-8878
E-Mail Address: gwilliam@ci.bakersfield.ca.us

6. Novice Applicant ☑ Yes ☐ No

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

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

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

Application Information

9. Type of Submission:

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

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

11. Proposed Project Dates: Start Date: 11/1/2002 End Date: 10/31/2005

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

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

13. Descriptive Title of Applicant's Project:
Bakersfield Police Activities League Safe and Drug-Free Schools Mentoring Program

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Estimated Funding

14a. Federal	$	294,334.00
b. Applicant	$	0.00
c. State	$	0.00
d. Local	$	0.00
e. Other	$	0.00
f. Program Income	$	0.00
g. TOTAL	$	294,334.00

Authorized Representative Information

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

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

b. Title
Executive Director

c. Tel. #: (661) 283-8880 Fax #: (661) 283-8878

d. E-Mail Address: gwilliam@ci.bakersfield.ca.us

e. Signature of Authorized Representative

Date: 7/1/2002

PART I - FACESHEET
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application ☒ Non-Construction

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): July 18, 2002

3. a. DATE RECEIVED BY STATE:

3.b. STATE APPLICATION IDENTIFIER:

4. a. DATE RECEIVED BY CNS:

4.b. CNS GRANT NUMBER: 02-SCPA020

5. APPLICANT INFORMATION

LEGAL NAME: County of Sacramento Department of Human Assistance

ORGANIZATIONAL UNIT: Community Services

ADDRESS (give street address, city, county, state and zip code):
3727 Marconi Avenue
Sacramento, Sacramento County
Sacramento, CA 95821

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

NAME: Leslie Chiles

TELEPHONE NUMBER: (916) 443 - 1676

FAX NUMBER: (916) 443 – 3799

INTERNET E-MAIL ADDRESS: chilesl@saccounty.net

6. 94-6000529

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

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

8. TYPE OF APPLICATION (Check appropriate box):
☐ NEW ☒ CONTINUATION
☐ REVISION

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

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

9. NAME OF FEDERAL AGENCY: Corporation for National Service

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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
RSVP: 94.002
FGP: 94.011
SCP: 94.016 [9 4] [0 1 6]
Senior Demonstration: 94.015

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Companion Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Sacramento, Yolo, and Nevada Counties

13. PROPOSED PROJECT: START DATE: 9/30/02 END DATE: 9/29/05

14. ESTIMATED FUNDING:

a. FEDERAL	$	104,722
b. APPLICANT	$	20,940
c. STATE	$	72,904
d. LOCAL	$	53,524
e. OTHER	$	64,016
f. TOTAL	$	316,106

15. 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 18, 2002

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES If "Yes," attach an explanation. ☒ NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Cheryl S. Davis

b. TITLE: Director, Dept. of Human Assistance

c. TELEPHONE NUMBER: (916) 875-3611

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: Lynn Frank for

e. DATE SIGNED: 7/17/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:	2. DATE OF SUBMISSION	Applicant Identifier
	6-28-02	7CA02008
Application ☐ Construction / Preapplication ☐ Construction	3. DATE RECEIVED BY STATE	State Application Identifier 7CA02008
☒ Non-Construction / ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

Organizational Unit:
Fire Protection

Address (give City, County, State & Zip Code):
1416 Ninth Street
PO Box 944246
Sacramento, Sacramento County
California 94244-2460

Name and telephone number of person to be contacted on matters involving this application (give area code)
Kathi Robertson (916) 653-1844
Jim Troehler (916) 653-6179

6. Employee Identification Number (EIN):
69 0306069

7. TYPE OF APPLICANT: (enter appropriate letter) A

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

8. Type of Application:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(ex): ☐ ☐
A. Increased Award B. Decreased Award C. Increased Duration

D. Decreased Duration Other (Specify):

_____Six Month Time Extension

9. NAME OF FEDERAL AGENCY:
U.S. FOREST SERVICE, DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-664
Cooperative Fire Protection

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

Consolidated payments grant for rural fire prevention and control as well as volunteer fire assistance.

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JUL 18 2002
STATE CLEARING HOUSE

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

Statewide

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	Ending Date	a. Applicant	b. Project
07-01-02	12-31-03	3	Statewide

15. ESTIMATED FUNDING	
a. Federal	$ 1,937,230
b. Applicant	$ 1,000,230
c. State	$ <1,000,230>
d. Local	$ 962,000
e. Other	$
f. Program Income	$
g. TOTAL	$ 2,899,230

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1372 PROCESSING?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12373 PROCESS FOR REVIEW ON:
DATE: 07-12-02
b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
James M. Wright	DEPUTY DIRECTOR CHIEF OF FIRE PROTECTION	(916) 653-9424
d. Signature of Authorized Representative		e. Date Signed
James M Wright		7/12/02

Previous Editions Not Usable

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

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED July 17, 2002	Applicant Identifier Region IX
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION	
Application	Preapplication
☐ Construction ■ Non-Construction	☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of West Hollywood	Organizational Unit:: Rent Stabilization & Housing Department
Address (give city, county, state, and zip code): 8300 Santa Monica Blvd West Hollywood, CA 90069	Name and telephone number of the person to be contacted on matters involving this application (give area code) Allyne Winderman (323) 848-6524

6. EMPLOYER IDENTIFICATION (EIN):
95-3946635

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

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

8. TYPE OF APPLICATION:
✓ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.811
TITLE: Brownfields Cooperative Agreements

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Brownfields Project Area Grant

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City of West Hollywood

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STATE CLEARING HOUSE

13. PROPOSED PROJECT:

Start Date	End Date
October 1, 2002	September 30, 2002

14. CONGRESSIONAL DISTRICT OF:
Representative Henry Waxman, 29th District

a. Applicant: City of West Hollywood

b. Project
East Side Brownfields Project

15. Estimated Funding:

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

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

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

DATE July 17, 2002

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

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

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

a. Typed Name of Authorized Representative: Paul Arevalo	b. Title: City Manager	c. Telephone Number (323) 484-6427
d. Signature of Authorized Representative		e. Date Signed July 17, 2002

Previous Editions Not Usable

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

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07/17/2002 17:13 323-848-6567 W HOLLYWOOD RSD PAGE 02/02

PART I - FACESHEET
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Application ☒ Non-Construction

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS):
July 17, 2002

3. a. DATE RECEIVED BY STATE:

3.b. STATE APPLICATION IDENTIFIER:

4. a. DATE RECEIVED BY CNS:

4.b. CNS GRANT NUMBER:
03-SRPCA-007

5. APPLICANT INFORMATION

LEGAL NAME: Mills-Peninsula Senior Focus
ORGANIZATIONAL UNIT: RSVP

ADDRESS (give street address, city, county, state and zip code):
C/O The Wellness Center
100 So. San Mateo Drive
San Mateo, CA 94401

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Deborah Owdom
TELEPHONE NUMBER: (650) 696 - 4407
FAX NUMBER: (650) 696 - 4179
INTERNET E-MAIL ADDRESS: owdomd@sutterhealth.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
1 9 -4 2 6 6 3 9 1 8

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

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

8. TYPE OF APPLICATION (Check appropriate box):
☐ NEW X CONTINUATION
☐ REVISION
If Revision, enter appropriate letter(s) in box(es):
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:
Corporation for National Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
RSVP: 94.002
FGP: 94.011
SCP: 94.016
Senior Demonstration: 94.015
9 4 0 0 2

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The Retired & Senior Volunteer Program
Of San Mateo County

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12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):
San Mateo County

13. PROPOSED PROJECT: START DATE: 10-01-2002 END DATE: 09-30-2005

14. ESTIMATED FUNDING:

a. FEDERAL	$	$114,988
b. APPLICANT	$	$ 61,575
c. STATE	$	$ 0
d. LOCAL	$	$ 0
e. OTHER	$	$ 0
f. TOTAL	$	$176,563

15. 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 17, 2002
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureen Dunn
b. TITLE: Director, The Wellness Center
c. TELEPHONE NUMBER: (650) 696-4198
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: Maureen Dunn
e. DATE SIGNED: July 17, 2002

Modified Standard Form 424-NSSC (Rev 4/01)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application: [ ] Construction [X] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

2. DATE SUBMITTED 07/15/02

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

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5. APPLICANT INFORMATION

Legal Name: Merced County Association of Governments

Organizational Unit:

Address (give city, county, State, and zip code): 369 W. 18th Street, Merced, CA 95340

Name and telephone number of person to be contacted on matters involving this application (give area code): Marjorie Kirn (209) 723-3153

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 52-1780828

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

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

8. TYPE OF APPLICATION:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

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

TITLE: Regional Administrator Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Public Outreach for the Partnership for Integrated Planning

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

13. PROPOSED PROJECT

Start Date: 08/01/02 Ending Date: 06/30/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 18th District

b. Project: 18th District

15. ESTIMATED FUNDING:

a. Federal	$ 20,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 20,000.00

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

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

DATE 07/15/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] Yes If "Yes," attach an explanation. [ ] No

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

a. Type Name of Authorized Representative: Jesse Brown

b. Title: Executive Director

c. Telephone Number: (209) 723-3153

d. Signature of Authorized Representative: [signature]

e. Date Signed: 7/15/02

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

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

Applicant Information

1. Name and Address

Legal Name: PIONEER HOME OUTREACH, INC.

Address: 315 W. Henderson Avenue

P.O. Box 8151

Porterville (City) CA (State) TULARE (County) 93258 - (ZIP Code + 4)

Organizational Unit: MENTORING PROGRAMS

2. Applicant's D-U-N-S Number | 8 | 4 | 1 | 9 | 6 | 4 | 9 | 8 | 4 |

3. Applicant's T-I-N | 7 | 7 | - | 0 | 2 | 5 | 3 | 1 | 4 | 2 |

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

Title: PROGRAM DIRECTOR

5. Project Director: CLARENCE OGANS

Address: P.O. Box 8151

Porterville (City) CA (State) 93258 (Zip code + 4)

Tel. #: (559) 781 - 8585 Fax #: (559) 791-0183

E-Mail Address: Pioneer @ ocsnet.net

6. Novice Applicant X Yes ___ No

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

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

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

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STATE CLEARING HOUSE

Application Information

9. Type of Submission:

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

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

X Yes (*Date made available to the Executive Order 12372 process for review*): 07/01/02

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

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

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

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

13. Descriptive Title of Applicant's Project:

Reaching Out: 350 Plus Club

"Educational Preparation"

Estimated Funding

14a. Federal	$ 150,000	.00
b. Applicant	$ -0-	.00
c. State	$ -0-	.00
d. Local	$ -0-	.00
e. Other	$ -0-	.00
f. Program Income	$ -0-	.00
g. TOTAL	$ 150,000	.00

Authorized Representative Information

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

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

b. Title: Executive Director

c. Tel. #: (559) 781--8585 Fax #: (559) 791 - 0183

d. E-Mail Address: Pioneer @ ocsnet.net

e. Signature of Authorized Representative Geraldine A. Ogans

Date: 7/01/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0346-0043

RECEIVED JUL 16 2002 STATE CLEARING HOUSE

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

5. APPLICANT INFORMATION

Legal Name: Sonoma County

Organizational Unit: Permit and Resource Management Department

Address *(give city, county, State, and zip code)*: 2550 Ventura Ave. Santa Rosa, Ca. 95403

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Ted Walker, Project Manager 707-565-1695

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-2875233

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

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

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☑ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE: Water & Waste Disposal Loan and Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct a new public sewer collection, treatment, and disposal system for the Community of Monte Rio, Ca. Remove all non-code compliant septic tanks and cesspools within the service district. Project will restore Russian River Water Quality and Recreational Beach.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Monte Rio, Sonoma County, California

13. PROPOSED PROJECT

Start Date: 7/3/02
Ending Date: 12/5/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Sonoma County, PRMD

b. Project: Monte Rio Community Sewer Project

15. ESTIMATED FUNDING:

a. Federal	$ 5,000,000.00
b. Applicant	$ .00
c. State	$ 3,500,000.00
d. Local	$ 2,425,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 10,925,000.00

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

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

DATE 07/10/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Pete Parkinson	b. Title: Director, Sonoma County PRMD	c. Telephone Number: (707) 565-1925
d. Signature of Authorized Representative		e. Date Signed: July 9, 2002

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED July 9, 2002

Applicant Identifier: OCS-02-10

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

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5. APPLICANT INFORMATION

Legal Name: The East Los Angeles Community Union

Organizational Unit: TELACU

Address *(give city, county, State, and zip code)*: 5400 East Olympic Boulevard, Los Angeles, CA 90022, Los Angeles County

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Jose Villalobos 323-721-1655

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-2554256

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: CSBG Discretionary Awards/ Urban Rural Economic Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion of SOL Translation Services, LLC to create 100 new jobs.

Priority Area 1 (OP)

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

13. PROPOSED PROJECT

Start Date: 9/30/02 Ending Date: 9/30/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 25,29,30

b. Project: 29

15. ESTIMATED FUNDING:

a. Federal	$ 700,000 .00
b. Applicant	$ 700,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,400,000 .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 9, 2002

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Jose Villalobos	Sr. Vice President	323-721-1655

d. Signature of Authorized Representative: [signature]

e. Date Signed: July 9, 2002

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED JUL 16 2002 STATE CLEARINGHOUSE

2. DATE SUBMITTED: July 9, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Greater Golden Hill Community Development Corporation

Organizational Unit:

Address *(give city, county, State, and zip code)*: 2469 Broadway San Diego, CA 92102 San Diego County

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Arlene Hamlin 619-696-9992

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 33-0477940

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

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

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

TITLE: CSBG-Community Services Disc.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To create the Golden Care Workforce Institute and create 96 jobs in the Home Health Care field.

Priority Area 1 (Operational)

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Award San Diego City and County

13. PROPOSED PROJECT

Start Date: 9/30/02 Ending Date: 9/30/05

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 49 b. Project: 49,50

15. ESTIMATED FUNDING:

a. Federal	$ 331,000 .00
b. Applicant	$ 341,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 672,000 .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 7/7/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Arlene Hamlin	Executive Director	619-696-9992
d. Signature of Authorized Representative: Arlene Hamlin		e. Date Signed: 7/9/02

RECEIVED
JUL 16 2002
STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July 16,2002

Applicant Identifier:

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

3. DATE RECEIVED BY STATE

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: City of Stockton

Organizational Unit: Parks & Recreation Department

Address (give city, county, State, and zip code):
6 E. Lindsay Street
Stockton, San Joaquin, CA 95202-1997

Name and telephone number of person to be contacted on matters involving this application (give area code)
Christine Tien, Interim Director (209) 937-8373

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000436

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

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

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

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

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

9. NAME OF FEDERAL AGENCY: 1443
National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919
TITLE: Urban Park and Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
EDNA GLEASON PARK REHABILITATION PROJECT
Increasing recreational opportunities and community partnerships that strengthen community image, safety and security while supporting economic and family development through the rehabilitation of a community's park as the social center of the Gleason Park Neighborhood.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
City of Stockton

13. PROPOSED PROJECT
Start Date by March 2003 | Ending Date by January 2006

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

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000
b. Applicant	$ 428,571
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,428,571

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 16, 2002
b. No [ ] PROGRAM IS NOT COVERED BY E. O. 12372
[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative: Gary A. Podesto
b. Title: Mayor
c. Telephone Number: (209) 937-8499
d. Signature of Authorized Representative
e. Date Signed: July 16, 2002

OMB Approval No. 0348-0043

PLICATION FOR EDERAL ASSISTANCE

2. DATE SUBMITTED: 07/05/00

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

RECEIVED JUL 16 2002 STATE CLEARING HOUSE

TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

APPLICANT INFORMATION

gal Name: COUNTY OF LOS ANGELES

Organizational Unit: SHERIFF'S DEPARTMENT

dress (give city, county, state, and zip code):
4700 RAMONA BOULEVARD
MONTEREY PARK, CA 91754-2169

Name and telephone number of the person to be contacted on matters involving this application (give area code)
JUDY TORRES, GRANTS UNIT MANAGER
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
(323) 526-5143

EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000927

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

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

TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

9. NAME OF FEDERAL AGENCY:
US DEPARTMENT OF JUSTICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.710

TITLE: HIGH INTENSITY CRIMINAL ALIEN APPREHENSION AND PROSECUTION (HICAAP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
HIGH INTENSITY CRIMINAL ALIEN APPREHENSION AND PROSECUTION (HICAAP) PROGRAM
US DEPARTMENT OF JUSTICE
FISCAL YEAR: 07/01/00 TO 06/30/01

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
LOS ANGELES COUNTY, ITS CONSTITUENT CITIES, AND UNINCORPORATED AREAS

13. PROPOSED PROJECT:

Start Date	Ending Date
01/01/01	12/31/01

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 24 THROUGH 37; 41
b. Project: 24 THROUGH 37; 41

15. ESTIMATED FUNDING:

a. Federal	$ 2,299,983 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,299,983 .00

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

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

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

a. Typed Name of Authorized Representative: LEROY D. BACA
b. Title: SHERIFF, COUNTY OF LOS ANGELES
c. Telephone number: (323) 526-5000
d. Signature of Authorized Representative: Lee Baca
e. Date Signed: 6/7/00

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

RECEIVED
JUL 16 2002
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: San Bernardino County

Organizational Unit: Dept. of Public Works, Regional Parks Division

Address (give city, county, state, and zip code):
777 E. Rialto Avenue, San Bernardino, CA 92415-0763

Name and telephone number of the person to be contacted on matters involving this application (give area code): Maureen Snelgrove (909) 387-2591

6. EMPLOYER IDENTIFICATION (EIN):
95 - 6002748

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

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-811
TITLE: Brownfields Coop. Agreement

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Cooley Ranch Brownfield Redevelopment

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
City of Colton; San Bernardino County

13. PROPOSED PROJECT:
Brownfields

Start Date	End Date
11/02	1/04

14. CONGRESSIONAL DISTRICT OF:
a. Applicant: 42 - (Joe Baca)
b. Project

15. Estimated Funding:

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

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:
DATE July 16, 2002
b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed Name of Authorized Representative: Thomas Potter	b. Title: Chief of Regional Parks	c. Telephone Number (909) 387-2591
d. Signature of Authorized Representative		e. Date Signed

Previous Editions Not Usable

Standard Form 424A (REV 4-88)

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED JUL 16 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Preapplication ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED July 12, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: RUBICON PROGRAMS INCORPORATED

Organizational Unit:

Address (give city, county, State, and zip code): 2500 Bissell Avenue, Richmond, CA 94804, Contra Costa County

Name and telephone number of person to be contacted on matters involving this application (give area code): Jane Fischberg (510) 231-3987

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 – 2301550

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

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

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

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

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

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

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

CSBG TITLE: COMMUNITY ECONOMIC DEVELOPMENT AWARDS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rubicon Urgent/Emergent Care

Specialized home health care service business

Priority Area 1 (OP)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Richmond, Contra Costa County, CA

13. PROPOSED PROJECT

Start Date: 11/1/02 Ending Date: 9/30/03

14. CONGRESSIONAL DISTRICTS OF: George Miller (7th)

a. Applicant: CA 7th b. Project: CA 7th & 10th

15. ESTIMATED FUNDING: $349,999

a. Federal OCS	$ 349,999 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other line of credit	$ 350,000 .00
f. Program Income	$ .00
g. TOTAL	$ 699,999 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/10/02

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

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

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

a. Type Name of Authorized Representative: Rick Aubry, Ph.D.	b. Title: Executive Director	c. Telephone Number: (510) 231-3927
d. Signature of Authorized Representative		e. Date Signed: 7/9/02

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
July 8, 2002

Applicant Identifier

RECEIVED JUL 16 2002 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application	*Preapplication*
☐ ☐ Construction	☐ ☐ Construction
☐X☐ **Non-Construction**	☐ ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
Fresno County Economic Opportunities Commission

Organizational Unit
Same

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

1920 Mariposa Mall, Suite 300
Fresno, CA 93721
Fresno County

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

Lucianna Ventresca, Sanctuary Director
Phone - (559) 498-8543 - ext. 110
Fax - (559) 498-8519

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94 - 1606519

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

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

8. TYPE OF APPLICATION:

X **New** Continuation Revision

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

9. NAME OF FEDERAL AGENCY:

U. S. Department of Health & Human Services
Administration for Children & Families

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93.571
Title: COMMUNITY FOOD & NUTRITION PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FCEOC Sanctuary
Community Food & Nutrition Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Fresno County and City

13. PROPOSED PROJECT:

Start Date	Ending Date
9/1/2002	8/31/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
18	15, 17, 18

15. ESTIMATED FUNDING:

a. Federal	50,000
b. Applicant	0
c. State	0
d. Local	0
e. Other	0
f. Program Income	0
g. TOTAL	$50,000

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

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

DATE: 7/8/02

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

If "Yes" attach an explanation No X

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Roger Palomino	EOC Executive Director	(559) 263-1010

d. Signature of Authorized Representative

e. Date Signed
7/8/02

Authorized for Local Reproduction

☐☐1F(98bdapp)☐☐

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

OMB Approval No. 0348-0043

RECEIVED JUL 16 2002 STATE CLEARING HOUSE

PLICATION FOR EDERAL ASSISTANCE

2. DATE SUBMITTED: 07/05/00	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

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

APPLICANT INFORMATION

gal Name: COUNTY OF LOS ANGELES

Organizational Unit: SHERIFF'S DEPARTMENT

ddress (give city, county, state, and zip code):
4700 RAMONA BOULEVARD
MONTEREY PARK, CA 91754-2169

Name and telephone number of the person to be contacted on matters involving this application (give area code)
JUDY TORRES, GRANTS UNIT MANAGER
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
(323) 526-5143

EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6000927

7. TYPE OF APPLICANT: (enter appropriate letter in box) B
- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School Dist.
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify):

. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision

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

9. NAME OF FEDERAL AGENCY:
US DEPARTMENT OF JUSTICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.710

TITLE: HIGH INTENSITY CRIMINAL ALIEN APPREHENSION AND PROSECUTION (HICAAP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
HIGH INTENSITY CRIMINAL ALIEN APPREHENSION AND PROSECUTION (HICAAP) PROGRAM
US DEPARTMENT OF JUSTICE
FISCAL YEAR: 07/01/00 TO 06/30/01

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
LOS ANGELES COUNTY, ITS CONSTITUENT CITIES, AND UNINCORPORATED AREAS

13. PROPOSED PROJECT:

Start Date	Ending Date
01/01/01	12/31/01

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 24 THROUGH 37; 41
b. Project: 24 THROUGH 37; 41

15. ESTIMATED FUNDING:

a. Federal	$ 2,299,983 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,299,983 .00

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

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

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

a. Typed Name of Authorized Representative: LEROY D. BACA	b. Title: SHERIFF, COUNTY OF LOS ANGELES	c. Telephone number: (323) 526-5000
d. Signature of Authorized Representative: Lee Baca		e. Date Signed: 6/7/00

Application for Federal Education Assistance (ED 424)

U.S. Department of

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

RECEIVED
JUL - 9 2002
STATE CLEARING HOUSE

Organizational Unit

Applicant Information

1. Name and Address
Legal Name: Family Connections El Dorado Inc

Address: 344 Placerville Drive Suite 10

Placerville (City) CA (State) El Dorado County (County) 95667 (ZIP Code + 4)

2. Applicant's D-U-N-S Number |_1_|_5_|_9_|_6_|_4_|_6_|_8__|_3_|_5_|

3. Applicant's T-I-N |_9_|_4_| - |_2_|_6_|_3_|_3_|_0_|_1__|_6_|
xNo

4. Catalog of Federal Domestic Assistance #: **84.__1__|__8__|_4___|__B__|**

Title: Safe and Drug-Free Schools and Communities National Program (B)
|_I_|

5. Project Director: Wendy Wood

Address: 344 Placerville Drive Suite 10

Placerville (City) CA (State) 95667 (Zip code + 4)
Tel. #: (530) 626-5164 Fax #: (530) 626-0670

E-Mail Address: wendywood@familyconnected.org

6. Novice Applicant x Yes ___No

7. Is the applicant delinquent on any Federal debt? ___Yes

(If "Yes," attach an explanation.)

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

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

K - Other (*Specify*): _____

Application Information

9. Type of Submission:
planned at

-PreApplication	*-Application*
___ Construction	___ Construction
x Non-Construction	xNon-Construction

to be

10. Is application subject to review by Executive Order 12372 process?
X Yes *(Date made available to the Executive Order 12372 process for review):* _07_/_02_/_2002__

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

11. Proposed Project Dates: 09/01/2002 08/31/2005

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

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

___ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

El Dorado County School Mentor Project

Start Date: **End Date:**

Estimated Funding

14a. Federal	$ 171,600 . 00
b. Applicant	$ 235,000 . 00
c. State	$. 00
d. Local	$. 00
e. Other	$. 00
f. Program Income	$. 00
g. TOTAL	$ 406,600 . 00

Authorized Representative Information

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

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

Wendy Wood MPA

b. Title: Executive Director

c. Tel. #: (530) 626-5164 Fax #: (530) 626-0670

d. E-Mail Address: wendywood@familyconnected.org

e. Signature of Authorized Representative