

Federal Grant Applications

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

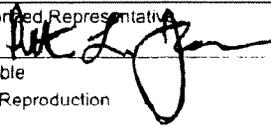
OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
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		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier NW 98980301
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: San Francisco Bay Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Marcia Brockbank (510) 622-2325	
10. Catalog of Federal Domestic Assistance Number 66.456 Title: National Estuary Program		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute 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)	
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Bay area		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 1/1/01 End Date 12/31/04		11. Descriptive Title of Applicant's Project: The San Francisco Estuary Project's pupose is to oversee and track the implementation of a coordinated and comprehensive strategy for preserving, restoring and enhancing the Bay-Delta Estuary.	
15. ESTIMATED FUNDING: a. Federal \$100,000 b. Applicant \$0 c. State \$101,278 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$201,278		14. Congressional District of: Applicant: 3 Project: California - All	
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.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 25, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantu		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 03-18-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 31, 2003	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 San Jose		Organizational Unit: San Jose Police Department	
Address (give city, county, State, and zip code): 801 North First Street San Jose, CA 95110		Name and telephone number of person to be contacted on matters involving this application (give area code) Lt. Gary Kirby, Research & Development Unit 408 277 5250	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94 - 6000419		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16 - 710 TITLE: Interoperable Communications Equip. FY 2003		9. NAME OF FEDERAL AGENCY: Department of Justice, COPS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Clara County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santa Clara County Data & Radio Communications Task Force: A multi-jurisdictional, collaborative effort to achieve seamless countywide interoperability through the creation of a public safety radio and data communications network.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/30/03	Ending Date 9/30/04	a. Applicant: 13, 14, 15, 16 b. Project: 11, 13, 14, 15, 16	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,842,163 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/31/03	
b. Applicant	\$ 100,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 1,180,721 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 5,122,884 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Peter Jensen, on behalf of Del D. Borgsdorf		b. Title City Manager	c. Telephone Number (408) 277-3183
d. Signature of Authorized Representative 		e. Date Signed 7-31-03	

APPLICATION FOR FEDERAL ASSISTANCE

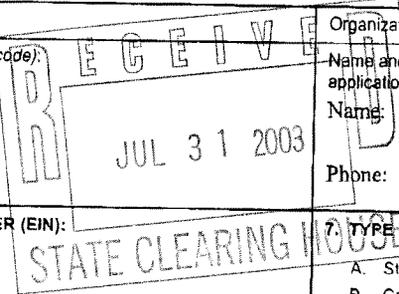
1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/25/2003		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	

5. APPLICANT INFORMATION

Legal Name: **Riverside, City of**

Address (give city, county, state, and zip code):
**4102 Orange Street
Riverside, CA 92501**

Organizational Unit:
Name and telephone number of person to be contacted on matters involving this application (give area code)
Name: **Linda Fonze, Sr. Management Analyst**
Phone: **(909) 826-5869**



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956000769

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

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): _____

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

TITLE: **2003 Technology grant program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
COPS 2003 Technology Grant

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

13. PROPOSED PROJECT:

Start Date 2/20/2003	Ending Date 2/19/2004
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 43	b. Project 43
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15. ESTIMATED FUNDING:

a. Federal	\$	248375.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	248,375 .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 **7-31-03**

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
Russ Leach

b. Title
Chief of Police

c. Telephone number
(909) 826-5940

d. Signature of Authorized Representative
Russ Leach

e. Date Signed
7-28-03

APPROVED AS TO FORM
[Signature]
City Attorney

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: State of California Division of the State Architect		Organizational Unit: Excellence	
Address (give city, county, State, and zip code): 1130 K St., Suite 101 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) Panama Bartholomy, (916) 445-4229	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> 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) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 - 708 TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmentally Preferable Building Products Database <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> RECEIVE JUL 29 2003 STATE CLEARING HOUSE </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/1/03	Ending Date 3/1/05	a. Applicant State of California	
		b. Project STATE CLEARING HOUSE State of California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 494,849 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 544,849 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Teresa Rocha		b. Title Deputy to the State Architect	c. Telephone Number (916) 322-3753
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 29, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: International Boundary & Water Commission U.S. Section		Organizational Unit: Program and Project Management Division	
Address (give city, county, State, and zip code): 4171 N. Mesa, Suite C-100 El Paso, TX. 79902-1441 El Paso County		Name and telephone number of person to be contacted on matters involving this application (give area code) Michael L. Evans (915) 832-4174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-11987		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> 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) <u>Federal</u> </div> </div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency, Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: South Bay International Wastewater Treatment Plant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego, California		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 2em; letter-spacing: 0.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0;">JUL 29 2003</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> <p style="font-size: 0.8em; margin: 0;">California, Nos. 49 and 50</p> </div>	
13. PROPOSED PROJECT Start Date: 9/3/03 Ending Date: 9/5/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Texas, No. 16 b. Project:		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 2,125,000 ⁰⁰ b. Applicant \$ ⁰⁰ c. State \$ ⁰⁰ d. Local \$ ⁰⁰ e. Other \$ ⁰⁰ f. Program Income \$ ⁰⁰ g. TOTAL \$ 2,125,000 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/29/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Debra J. Little		b. Title Acting Commissioner	c. Telephone Number (915) 832-4147
d. Signature of Authorized Representative 		e. Date Signed 7-29-03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0346-0043

1. TYPE OF SUBMISSION <i>Application</i>		2. DATE SUBMITTED July 28, 2003	Applicant Identifier N/A
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

5. APPLICANT INFORMATION

Legal Name: City of Belmont	Organizational Unit: Belmont Police Department
Address (give city, county, state, and zip code): 1070 6th Avenue Belmont, CA 94002	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Ed Wood Phone: 650-595-7402

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
946000296

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

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) _____

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: **2003 Technology grant program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Technology Upgrade for Emergency Communications Center

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

13. PROPOSED PROJECT:

Start Date 2/20/2003	Ending Date 7/19/2004
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 14	b. Project 14
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15. ESTIMATED FUNDING:

a. Federal	\$	248375.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	248,375.00

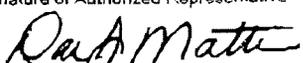
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE **July 28, 2003**

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 Donald J. Mattei	b. Title Acting Chief of Police	c. Telephone number 650-595-7400
d. Signature of Authorized Representative 		e. Date Signed 7/28/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 7/25/03	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application Preapplication

Construction Construction

Non-Construction Non-Construction

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District	Organizational Unit:
Address (give city, county, state, and zip code): P.O. Box 1058 Coachella, CA 92236	Name and telephone number of person to be contacted on matters involving this application (give area code) Carrie Oliphant

6. EMPLOYER IDENTIFICATION (EIN):

9	5	-	6	0	0	0	8	2	7
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in

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

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

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)

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	-	7	6	0
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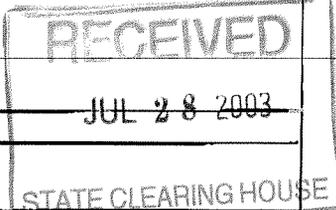
TITLE: **Water and Waste Disposal Loan and Grant Prog**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Implementation of sewer service in the Avenue 62 Community

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

Thermal, Riverside County, CA



13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant	b. Project
		45th Congressional District	

15. ESTIMATED FUNDING

a. Federal	\$	2,245,920
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	20,000
f. Program Income	\$.00
g. Total	\$	0.00

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

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

DATE 7/25/03

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

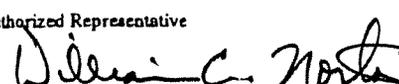
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES (Attach explanation) NO

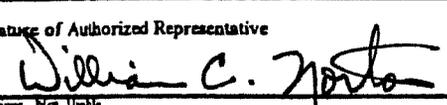
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

b. Type Name of Authorized Representative Dan Parks	b. Title Assistant to General Manager	c. Telephone Number (760) 398-2651
d. Signature of Authorized Representative 	e. Date Signed 7-22-03	

APPLICATION FOR FEDERAL ASSISTANCE

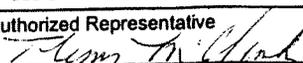
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
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 and	
6. EMPLOYER IDENTIFICATION (EIN): 9 4 1 6 2 2 7 4 6		7. Peter Hess, DAPCO (415) 749-4971 TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> 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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>6 6 6 0 6</u> TITLE: Surveys, Studies, Investigations		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Support the District's air monitoring of toxic trends in San Jose, CA \$ 100,000.00	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">JUL 28 2004</p> <p style="font-size: 12px; margin: 0;">STATE CLEARING HOUSE 04-13</p> </div>	
13. PROPOSED PROJECT:			
Start Date 7/25/03	End Date 7/25/04	14. CONGRESSIONAL DISTRICT OF: a. Applicant: 02	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>7/25/03</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 100,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: William C. Norton		b. Title: Executive Officer/APCO	c. Telephone Number (415) 749-5052
d. Signature of Authorized Representative 			e. Date Signed 7/25/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
		4. DATE RECEIVED BY FEDERAL AGENCY	
		State Application Identifier	
		Federal Identifier	
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) Peter Hess, DAPCO (415) 749 Ron Raimondi, Finance Manag	
6. EMPLOYER IDENTIFICATION (EIN): <u>9 4 1 6 2 2 7 4 6</u>		7. TYPE OF APPLICANT: (enter appropriate letter here) ^{(415) 749} 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: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>A</u>		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>6 6 . 6 0 6</u> TITLE: Surveys, Studies, Investigations		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continued funding of District's monitoring of PM 2.5 EPA funding \$ 257,300 In-kind 36,078 TOTAL \$ 293,378	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">JUL 28 2003</p> </div>	
13. PROPOSED PROJECT:			
Start Date 7/25/03	End Date 7/24/04	14. CONGRESSIONAL DISTRICT OF: a. Applicant: 02 b. Project: 04-13	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 257,300	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>7/25/03</u>	
b. Applicant	\$ 36,078	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 293,378 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: William C. Norton		b. Title: Executive Officer/APCO	c. Telephone Number (415) 749-5052
d. Signature of Authorized Representative: 			e. Date Signed 7/25/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier	
		3. DATE RECEIVED BY STATE 		State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 	
5. APPLICANT INFORMATION Legal Name: California State University Fresno Address (give city, county, State, and zip code): Foundation 4910 N. Chestnut Fresno, CA 93726		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Ashley Swearingen 559-278-8460			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6003272		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District </div> <div> <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <u>Foundation</u> </div> </div>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 28 2003 </div>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: USDA Rural Develop- [] [] - [] [] [] [] TITLE: ment-Rural Business Enterprise		9. NAME OF FEDERAL AGENCY: USDA Rural Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Grant Counties of Stanislaus, Merced, Madera, Fresno, Kings, Tulare and Kern		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Valley Rural Communities and Industrial Park Development			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 18, 19, 20, 21, 22			
Start Date 6/03	Ending Date 5/04	a. Applicant CSU Fresno Foundation		b. Project See attached Project Summary.	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	95,717		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	95,717		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Thomas McClanahan		b. Title Associate Vice President		c. Telephone Number (559) 278-0840	
d. Signature of Authorized Representative 				e. Date Signed 7/3/03	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

5. APPLICANT INFORMATION

Legal Name: HOME GARDEN COMMUNITY SERVICES DISTRICT	Organizational Unit:
Address (give city, county, State, and zip code): 11677 2nd Place Hanford, CA 93230	Name and telephone number of person to be contacted on matters involving this application (give area code) DANIEL M. FADENRECHT (559) 584-4449

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []	7. TYPE OF APPLICANT: (enter appropriate letter in box) G
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
9. NAME OF FEDERAL AGENCY: USDA	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] - [] [] [] [] [] [] [] []	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: waterlines replacement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Grant Rural Kings County, California	

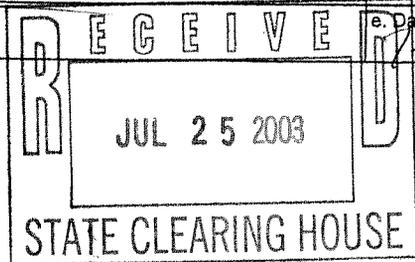
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: 20th - CAL DOOLEY
Start Date: 10-1-03 Ending Date: 12-31-03	a. Applicant: HOME GARDEN COMMUNITY SERVICES DISTRICT b. Project: Water Lines

15. ESTIMATED FUNDING:		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. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 183,000.00	
b. Applicant	\$ 26,000.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 209,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No

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

a. Type Name of Authorized Representative DANIEL M. FADENRECHT	b. Title Secretary	c. Telephone Number (559) 584-4449
i. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed 7-22-03

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

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

Application

Preapplication

2. Date Submitted 5/30/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number B-03-UC-06-0503

7. Applicant's Legal Name County of San Bernardino	8. Organizational Unit Department of Economic and Community Development
---	--

9. Address (give city, county, State, and zip code) A. Address: 290 North "D" Street, Sixth Floor B. City: San Bernardino C. County: San Bernardino D. State: CA E. Zip Code: 92415-0040	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Thomas R. Laurin B. Title: Director C. Phone: (909) 388-0808 D. Fax: (909) 388-0820 E. E-mail: tlaurin@ecd.sbcounty.gov
---	--

11. Employer Identification Number (EIN) or SSN 95-6002748	12. Type of Applicant (enter appropriate letter in box) B A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)
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13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency U.S. Department of Housing & Urban Dev. U.S. Department of Housing and Urban Development
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15. Catalog of Federal Domestic Assistance (CFDA) Number Title: CDBG Entitlement Program Component Title: 14 --- 218	16. Descriptive Title of Applicant's Program Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.
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17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Unincorporated San Bernardino County and 13 cooperating cities.	19a. Congressional Districts of Applicant 25, 26, 41, 42, 43	19b. Congressional Districts of Program 25, 26, 41, 42, 43
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18a. Proposed Program start date 7/1/2003	18b. Proposed Program end date 6/30/2004
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20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

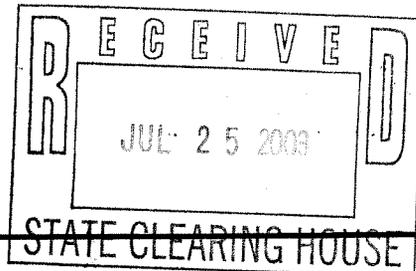
A. Yes This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/15/2003

B. No Program is not covered by E.O. 12372

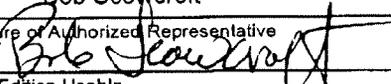
Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? No

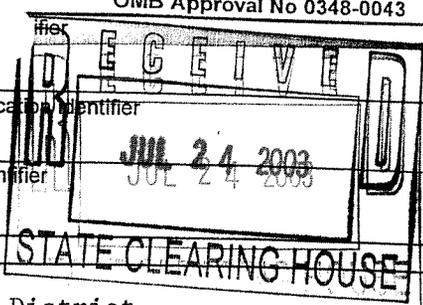
Yes If "Yes," explain below or attach an explanation.



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 29, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Organic Farming Research Foundation		Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 440 Santa Cruz, CA 95061-0440		Name and telephone number of person to be contacted on matters involving this application (give area code) Don Burgett (831) 426-6606	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0252545		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		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) <u>Non-profit organization</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - Region 3	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Delaware, Maryland, Pennsylvania, Virginia, West Virginia, DC		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Organic Farming Research Projects for Weed and Insect Pest Management	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/15/03	Ending Date 10/15/05	a. Applicant 17th - Sam Farr	b. Project All DE, MD, PA, VA, WV, and DC districts
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/29/03</u>	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 30,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Bob Scowcroft		b. Title Executive Director	c. Telephone Number (831) 426-6606
d. Signature of Authorized Representative 		e. Date Signed 7/29/03	

APPLICATION FOR FEDERAL ASSISTANCE



		2. DATE SUBMITTED	Applicant											
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier											
<i>Application</i>	<i>Preapplication</i>	4. DATE RECEIVED BY AGENCY												
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	Federal Identifier												
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction													
5. APPLICANT INFORMATION														
Legal Name: Big Bear City Airport			Organizational Unit: Special District											
Address (give city, county, state and zip code): 501 West Valley Blvd. P.O. Box 755 Big Bear City, San Bernardino County, California			Name and telephone of the person to be contacted on matters involving this application (give area code) Rembert L. Lightner (909)585-3219											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table style="width:100%; text-align:center; border-collapse: collapse;"><tr><td style="border:1px solid black; width:20px;">9</td><td style="border:1px solid black; width:20px;">5</td><td style="border:1px solid black; width:20px;">-</td><td style="border:1px solid black; width:20px;">3</td><td style="border:1px solid black; width:20px;">4</td><td style="border:1px solid black; width:20px;">6</td><td style="border:1px solid black; width:20px;">0</td><td style="border:1px solid black; width:20px;">7</td><td style="border:1px solid black; width:20px;">2</td><td style="border:1px solid black; width:20px;">9</td></tr></table>			9	5	-	3	4	6	0	7	2	9	7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
9	5	-	3	4	6	0	7	2	9					
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): _____			A. State											
			H. Independent School Dist.											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. <table style="width:100%; text-align:center; border-collapse: collapse;"><tr><td style="border:1px solid black; width:20px;">2</td><td style="border:1px solid black; width:20px;">0</td><td style="border:1px solid black; width:20px;">-</td><td style="border:1px solid black; width:20px;">1</td><td style="border:1px solid black; width:20px;">0</td><td style="border:1px solid black; width:20px;">6</td></tr></table> TITLE: Airport Improvement Program			2	0	-	1	0	6	B. County					
			2	0	-	1	0	6						
I. State Controlled Institution of Higher Learning														
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Big Bear City, San Bernardino County, California			C. Municipal											
			J. Private University											
13. PROPOSED PROJECT Start Date: 11/03 Ending Date: 9/04			D. Township											
			K. Indian Tribe											
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 35th District-Hon. Jerry Lewis			E. Interstate											
			L. Individual											
15. ESTIMATED FUNDING:			F. Intermunicipal											
			M. Profit Organization											
a. Federal 150,000 .00			G. Special District											
			N. Other (Specify):											
b. Applicant 9,170 .00			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration Airports Division											
c. State 7,500 .00			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Master Plan											
d. Local .00														
e. Other .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 <u>July 8, 2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
f. Program Income .00														
g. TOTAL 166,670 .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED														
a. Typed Name of Authorized Representative Rembert L. Lightner		b. Title General Manager		c. Telephone number (909)585-3219										
d. Signature of Authorized Representative 			e. Date Signed 6/19/03											

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED July 17, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

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

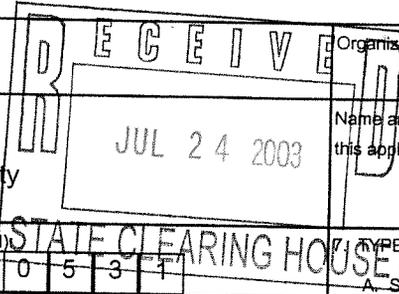
5. APPLICANT INFORMATION

Legal Name: County of San Joaquin

Address (give city, county, state and zip code): 5000 South Airport Way, Stockton, San Joaquin County, California 95206

Organizational Unit: Department of Aviation

Name and telephone number of the person to be contacted on matters involving this application (give area code): Barry Rondinella (209) 468-4700



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000531

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

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: 20-106

TITLE: Planning Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stockton Metropolitan Airport, San Joaquin County California Master Plan Update Baseline Environmental Study

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

13. PROPOSED PROJECT:

Start Date 2003	Ending Date 2004
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 11	b. Project 11
--------------------	------------------

15. ESTIMATED FUNDING:

a. Federal	\$ 675,000 .00
b. Applicant	\$ 75,000 .00
c. State	0 .00
d. Local	\$ 0 .00
e. Other	\$ 0 .00
f. Program Income	\$ 0 .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 July 18, 2003

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 Jack A. Sieglock	b. Title Chairman, Board of Supervisors	c. Telephone Number (209) 468-3113
d. Signature of Authorized Representative <i>Jack A. Sieglock</i>		e. Date Signed 7/22/03

NOTICE OF INTENT

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/22/03	Applicant Identifier	
5. APPLICANT INFORMATION Legal Name: INDIAN VALLEY HEALTH CARE DISTRICT Address (give city, county, State, and zip code): 184 HOT SPRINGS RD. GREENVILLE, CA 95947		3. DATE RECEIVED BY STATE	State Application Identifier	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1347073		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. <input checked="" type="checkbox"/> 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) RURAL HOSPITAL		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: COMMUNITY FACILITIES LOAN 10-766		9. NAME OF FEDERAL AGENCY: UNITED STATES DEPT. OF AGRICULTURE		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): GREENVILLE / INDIAN VALLEY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MODULAR BUILDING TO REPLACE BUSINESS OFFICE		
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project DIST 4 - JOHN T. DODD		
15. ESTIMATED FUNDING:		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. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal MODULAR INFO MANAGEMENT SYSTEM	\$ 99,373.00			
b. Applicant	\$ 144,135.00			
c. State	\$ 0			
d. Local	\$ 0			
e. Other	\$ 0			
f. Program Income	\$ 0			
g. TOTAL	\$ 243,508.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Type Name of Authorized Representative SHEILA GROTHE		b. Title ADMINISTRATOR	c. Telephone Number 530-284-7191	
d. Signature of Authorized Representative <i>Sheila Grothe</i>		e. Date Signed 7/22/03		

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 STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier N/A
3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

1. TYPE OF SUBMISSION <i>Application</i>	<i>Preapplication</i>
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Justice	Organizational Unit:
Address (give city, county, state, and zip code): D214 4949 Broadway Sacramento, CA 95820	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Richard Peters Phone: 916-227-5074

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 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946003786	7. TYPE OF APPLICANT: (enter appropriate letter in box) A
--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	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) _____
--	---

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:
 TITLE: **2003 Technology grant program**

1
6
7
1
0

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
**2003 COPS Technology Grant
Single Point Information Collection and Evaluation System (SPICES)**

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

13. PROPOSED PROJECT: Start Date: 2/20/2003 Ending Date: 2/19/2004	14. CONGRESSIONAL DISTRICTS OF: California a. Applicant: California Department of Justice b. Project: SPICES
--	---

15. ESTIMATED FUNDING:	
a. Federal	\$ 2980500.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 2,980,500.00

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: **7/23/03**

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 Sue Johnstun	b. Title Director, Administrative Services Div	c. Telephone number 916-324-4404
d. Signature of Authorized Representative	e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 10, 2003		Applicant Identifier R9 Tracking# 03-368	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California Air Resources Board			Organizational Unit: Administrative Services Division		
Address (give city, county, State, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812			Name and telephone number of person to be contacted on matters involving this application (give area code) Ken Stroud (916) 445-3745 Gabe Ruiz (916) 323-4397		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0288069			7. TYPE OF APPLICANT: (enter appropriate letter in box) A		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			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) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001 TITLE: Air Pollution Control Program Support			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continue the ambient air monitoring programs, outreach, and coordination activities in Mexican Border cities		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant	b. Project		
		03	Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	9,289,226 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ Signature Date _____		
b. Applicant	\$	20,515,127 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$	⁰⁰			
e. Other	\$	⁰⁰			
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	29,804,353 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Marie LaVergne		b. Title Chief, Administrative Services		c. Telephone Number (916) 322-8198	
d. Signature of Authorized Representative <i>Marie LaVergne</i>				e. Date Signed 7-22-03	

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STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

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

2. DATE SUBMITTED
July 17, 2003

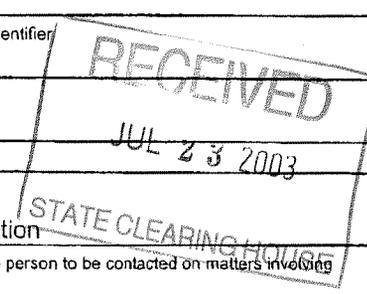
3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier



5. APPLICANT INFORMATION

Legal Name:
County of San Joaquin

Address (give city, county, state and zip code):
5000 South Airport Way
Stockton, San Joaquin County
California 95206

Organizational Unit:
Department of Aviation

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Barry Rondinella
(209) 468-4700

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

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

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)

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: Planning Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Stockton Metropolitan Airport, San Joaquin County California
Master Plan Update
Baseline Environmental Study

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

13. PROPOSED PROJECT:

Start Date	Ending Date
2003	2004

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
11	11

15. ESTIMATED FUNDING:

a. Federal	\$ 675,000 .00
b. Applicant	\$ 75,000 .00
c. State	\$ 0 .00
d. Local	\$ 0 .00
e. Other	\$ 0 .00
f. Program Income	\$ 0 .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 July 18, 2003

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.

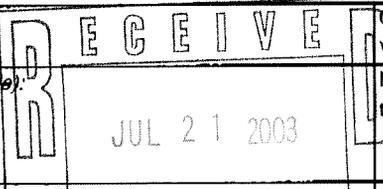
a. Typed Name of Authorized Representative Jack A. Sieglock	b. Title Chairman, Board of Supervisors	c. Telephone Number (209) 468-3113
d. Signature of Authorized Representative <i>Jack A. Sieglock</i>		e. Date Signed 7/22/03

CONTINUATION

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/11/03	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	FAI# 06-046
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Veterans Homes Division	
Address (give city, county, State, and zip code): 1227 *O* Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) George H. Andries, Jr. Director, Capital Development Division 916 653-2276	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6038157		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input checked="" type="checkbox"/> A B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 64 - 005 TITLE: State Home Construction Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Renovate 1.25 Million Gallon Storage Tank and Transmission Lines (see enclosure)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Napa County, Town of Yountville			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date July, 2003	Ending Date March, 2007	a. Applicant Robert Matsui, 5th CA Congressional District	
15. ESTIMATED FUNDING:		b. Project Mike Thompson, 1st CA Congressional District	
a. Federal	\$ 1,369,560	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. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$ 737,450		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 2,107,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative George H. Andries, Jr.		b. Title Director, Capital Development Division California Department of Veterans Affairs	c. Telephone Number 916 653-2176
d. Signature of Authorized Representative		e. Date Signed 7/21/03	



REVISION

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/11/03	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FAI# 06-048

5. APPLICANT INFORMATION

Legal Name: California Department of Veterans Affairs
 Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814

Organizational Unit: Veterans Homes Division
 Name and telephone number of person to be contacted on matters involving this application (give area code) George H. Andries, Jr. Director, Capital Development Division 916 653-2276

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6038157

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

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: Department of Veterans Affairs

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 64-005
 TITLE: State Home Construction Grants
 Grants to States for Construction Projects

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Annex 1 Renovation (Alzheimer/Dementia Unit) (see enclosures)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Napa County, Town of Yountville

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date July, 2003	Ending Date July, 2006	a. Applicant Robert Matsul, 5th CA Congressional District	b. Project Mike Thompson, 1st CA Congressional District
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15. ESTIMATED FUNDING:

a. Federal	\$ 10,062,850.00
b. Applicant	\$
c. State	\$ 5,418,350.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 15,481,000.00

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 H. Andries, Jr.	b. Title Director, Capital Development Division California Department of Veterans Affairs	c. Telephone Number 916 653-2176
d. Signature of Authorized Representative	e. Date Signed 7/11/03	

REVISION

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/11/03	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier FAI# 06-048

5. APPLICANT INFORMATION

Legal Name: California Department of Veterans Affairs	Organizational Unit: Veterans Homes Division
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814	Name and telephone number of person to be contacted on matters involving this application (give area code) George H. Andries, Jr. Director, Capital Development Division 916 653-2276

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94 - 6038157
JUL 21 2003
STATE CLEARING HOUSE

B. 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):

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

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) _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Grants to States for Construction Projects 64 - 005
TITLE: State Home Construction Grants

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
State of California, Napa County, Town of Yountville

9. NAME OF FEDERAL AGENCY:
Department of Veterans Affairs

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Annex 1 Renovation (Alzheimer/Dementia Unit) (see enclosures)

13. PROPOSED PROJECT

Start Date July, 2003	Ending Date July, 2006
--------------------------	---------------------------

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant
Robert Matsui, 5th CA Congressional District

b. Project
Mike Thompson, 1st CA Congressional District

15. ESTIMATED FUNDING:

a. Federal	\$ 10,062,650.00
b. Applicant	\$
c. State	\$ 5,418,350.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 15,481,000.00

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 H. Andries, Jr.	b. Title Director, Capital Development Division California Department of Veterans Affairs	c. Telephone Number 916 653-2176
d. Signature of Authorized Representative		e. Date Signed 7/11/03

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 14 July 2003	Applicant Identifier 04-2003																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: County of Kern		Organizational Unit: Department of Airports																						
Address (give city, county, state, and zip code): 1401 Skyway Drive, Suite 200 Bakersfield, CA 93308-1638		Name and telephone number of the person to be contacted on matters involving this application (give area code) Raymond C. Bishop (661) 393-7990																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6000925		7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State H. Independent School District 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):																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate Letter(s) in Box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE: Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Master Plan Update for Meadows Field Airport																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Bakersfield, Kern, California		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">JUL 21 2003</p> </div>																						
13. PROPOSED PROJECT: Start Date: 01 Dec 2003 Ending Date: 30 Nov 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 22 b. Project: STATE CLEARING HOUSE																						
15. ESTIMATED FUNDING: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Federal</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 40%; text-align: right;">450,000.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50,000.00</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">500,000.00</td> </tr> </table>		a. Federal	\$	450,000.00	b. Applicant	\$	50,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	500,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 14 July 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	450,000.00																						
b. Applicant	\$	50,000.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	500,000.00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT: <input type="checkbox"/> YES. IF "YES ATTACH AN EXPLANATION. <input checked="" type="checkbox"/> NO.																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Typed Name of Authorized Representative: Raymond C. Bishop		b. Title: Director of Airports	c. Telephone number: (661) 393-7990																					
d. Signature of Authorized Representative: 		e. Date Signed: 14 July 2003																						

DOE F 4850.2 (10-01) (All Other Editions Are Obsolete)



Office of Science (SC)

OMB Control No. 1010-1400 (OMB Burden Disclosure Statement on Back)

Face Page

TITLE OF PROPOSED RESEARCH:

Molecular-Genetic Analysis of Osmoregulation, Osmotic Adjustments and Growth in Arabidopsis

1. CATALOG OF FEDERAL DOMESTIC ASSISTANCE #

81.049

2. CONGRESSIONAL DISTRICT:

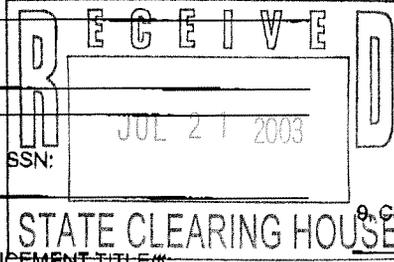
Applicant Organization's District: 43rd
Project Site's District: 43rd

3. I.R.S. ENTITY IDENTIFICATION OR SSN:

958006142W

8. ORGANIZATION TYPE:

- Local Govt.
- Non-Profit
- Indian Tribal Govt.
- Other
- For-Profit
- Small Business
- Women-Owned
- State Govt.
- Hospital
- Individual
- Inst. of Higher Educ.
- Disadvan. Business
- 8(a)



4. AREA OF RESEARCH OR ANNOUNCEMENT TITLE#:

Notice 03-01

10. WILL THIS RESEARCH INVOLVE:

- 10A. Human Subjects** No If yes
Exemption No. _____ or
IRB Approval Date _____
Assurance of Compliance No: _____
- 10A. Vertebrate Animals** No If yes
IACUC Approval Date 03/07/2002 _____ or
Animal Welfare Assurance No: R-02-010 _____

5. HAS THIS RESEARCH PROPOSAL BEEN SUBMITTED TO ANY OTHER FEDERAL AGENCY?

YES NO

PLEASE LIST _____

11. AMOUNT REQUESTED FROM DOE FOR ENTIRE PROJECT PERIOD \$ 340,122

6. DOE/OER PROGRAM STAFF CONTACT (if known):

12. DURATION OF ENTIRE PROJECT PERIOD:

04/01/04 to 03/31/07
MM/DD/YY MM/DD/YY

7. TYPE OF APPLICATION:

- New Renewal
- Continuation Revision
- Supplement

13. REQUESTED AWARD START DATE

04/01/04
MM/DD/YY

14. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes (attach an explanation) No

15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

* NAME Elizabeth A. Bray
TITLE Associate Professor of Plant Physiology
ADDRESS 3121 Batchelor Hall
University of California
Riverside, CA 92521
PHONE NUMBER (909) 787-4548

Elizabeth A. Bray

SIGNATURE OF PRINCIPAL INVESTIGATOR/ PROGRAM DIRECTOR

(please type in full name if electronically submitted)
*Date July 21, 2003

PI/PD ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this submission. Willful provision of false information is a criminal offense. (U.S. Code, Title 18, Section 1001).

16. ORGANIZATION'S NAME The Regents of the University of Califor

ADDRESS Sponsored Projects Administration
University Office Building Suite 200
University of California
Riverside, CA 92521

CERTIFYING REPRESENTATIVE'S

* NAME Deborah A. Terao
TITLE Contract and Grant Analyst
PHONE NUMBER (909) 787-5535

Deborah A. Terao

SIGNATURE OF ORGANIZATION'S CERTIFYING REPRESENTATIVE

(please type in full name if electronically submitted)
*Date July 21, 2003

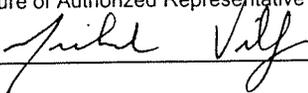
CERTIFICATION and ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with DOE terms and conditions if an award is made as the result of this submission. A willfully false certification is a criminal offense. (U.S. Code, Title 18, Section 1001).

NOTICE FOR HANDLING PROPOSALS

This submission is to be used only for DOE evaluation purposes and this notice shall be affixed to any reproduction or abstract thereof. All Government and non-Government personnel handling this submission shall exercise extreme care to ensure that the information contained herein is not duplicated, used, or disclosed in whole or in part for any purpose other than evaluation without written permission except that if an award is made based on this submission, the terms of the award shall control disclosure and use. This notice does not limit the Government's right to use information contained in the submission if it is obtainable from another source without restriction. This is a Government notice, and shall not itself be construed to impose any liability upon the Government or Government personnel for any disclosure or use of data contained in this submission.

PRIVACY ACT STATEMENT

If applicable, you are requested, in accordance with 5 U.S.C., Sec. 552A, to voluntarily provide your Social Security Number (SSN). However, you will not be denied any right, benefit, or privilege provided by law because of a refusal to disclose your SSN. We request your SSN to aid in accurate identification, to oral and review of applications for research/training support for efficient management of Office of Science grant/contract programs.

APPLICATION FOR FEDERAL ASSISTANCE		DATE SUBMITTED July 17, 2003	Applicant Identifier ...-00-1
1. TYPE OF SUBMISSION: <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A009009-04-0
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][9][4][4]		7. TYPE OF APPLICANT: (enter appropriate letter in box) [B] 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):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: 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: 10/01/03 Ending Date: 09/30/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project: 23 & 24	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL \$ 1,127,954.00		a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 07/17/03	
b. APPLICANT \$ 6,031,601.00		b. NO: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372.	
c. STATE \$ 147,000.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. LOCAL \$.00			
e. OTHER \$.00			
f. PROGRAM INCOME \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES. IF "YES" ATTACH AN EXPLANATION. <input checked="" type="checkbox"/> NO.	
g. TOTAL \$ 7,306,555.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Michael Villegas		b. Title Air Pollution Control Officer	c. Telephone number (805) 645-1440
d. Signature of Authorized Representative 		e. Date Signed 7-17-03	

RECEIVED
JUL 21 2003
STATE CLEARING HOUSE

DOE F 4050.2 (10-81) (All Other Editions Are Obsolete)



Office of Science (SC)

CMB Control No. 1910-1400 (OMB Burden Disclosure Statement on Back)

Face Page

TITLE OF PROPOSED RESEARCH:

ROP GTPase Signaling In Brassinosteroid Responses in Arabidopsis

1. CATALOG OF FEDERAL DOMESTIC ASSISTANCE #

81,049

2. CONGRESSIONAL DISTRICT:

Applicant Organization's District: 43rd
Project Site's District: 43rd

3. I.R.S. ENTITY IDENTIFICATION OR SSN:

95-6006142W

4. AREA OF RESEARCH OR ANNOUNCEMENT TITLE#:

Energy Biosciences

5. HAS THIS RESEARCH PROPOSAL BEEN SUBMITTED TO ANY OTHER FEDERAL AGENCY?

YES NO

PLEASE LIST

6. DOE/OER PROGRAM STAFF CONTACT (If known):

James Tavares and Sharlene Weatherwax

7. TYPE OF APPLICATION:

New Continuation Supplement Renewal Revision

15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

NAME Zhenbiao Yang
TITLE Associate Professor of Cell Biology
ADDRESS University of California
Department of Botany & Plant Sciences
Riverside, CA 92521
PHONE NUMBER 909-787-3162

* Zhenbiao Yang

SIGNATURE OF PRINCIPAL INVESTIGATOR/ PROGRAM DIRECTOR

Date 7/18/03

PIPD ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this submission. Willful provision of false information is a criminal offense. (U.S. Code, Title 18, Section 1001).

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PRIVACY ACT STATEMENT

If applicable, you are requested, in accordance with 5 U.S.C., Sec. 552A, to voluntarily provide your Social Security Number (SSN). However, you will not be denied any right, benefit, or privilege provided by law because of a refusal to disclose your SSN. We request your SSN to aid in accurate identification, referral and review of applications for research/training support for efficient management of Office of Science grant/contract programs.

8. ORGANIZATION TYPE:

Local Govt. Non-Profit Indian Tribal Govt. Other For-Profit Small Business Women-Owned
State Govt. Hospital Individual Inst. of Higher Educ. Disadvan. Business 8(a)

9. CURRENT DOE AWARD # (IF APPLICABLE):

DE-FG03-00ER15060

10. WILL THIS RESEARCH INVOLVE:

10A. Human Subjects Exemption No. IRB Approval Date Assurance of Compliance No.
10A. Vertebrate Animals IACUC Approval Date Animal Welfare Assurance No.

11. AMOUNT REQUESTED FROM DOE FOR ENTIRE PROJECT PERIOD \$

501,087.00

12. DURATION OF ENTIRE PROJECT PERIOD:

07/15/04 to 07/14/07 MM/DD/YY MM/DD/YY

13. REQUESTED AWARD START DATE

07/15/04 MM/DD/YY

14. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes (attach an explanation) No

16. ORGANIZATION'S NAME

Regents of the University of California
ADDRESS Sponsored Projects Administration
200 University Office Building
University of California
Riverside, CA 92521

CERTIFYING REPRESENTATIVE'S

NAME Deborah Terao
TITLE Contract and Grant Analyst
PHONE NUMBER 909-787-5535

* Deborah Terao

SIGNATURE OF ORGANIZATION'S CERTIFYING REPRESENTATIVE

Date 7/18/03

CERTIFICATION and ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with DOE terms and conditions if an award is made as the result of this submission. A willful false certification is a criminal offense. (U.S. Code, Title 18, Section 1001).

**APPLICATION FOR
FEDERAL ASSISTANCE**

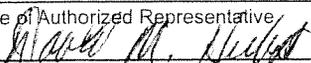
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/10/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: ESPARTO COMMUNITY SERVICES DISTRICT		Organizational Unit: ESPARTO COMMUNITY SERVICES DISTRICT	
Address (give city, county, State, and zip code): P.O. Box 349 16960 YOLO AVE., ESPARTO, CA 95627-0349		Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID M. HERBST, GEN. MNGR./SUPERINT. (530) 787-4502	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000548		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		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) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM		9. NAME OF FEDERAL AGENCY: DEPT. OF AGRICULTURE - RURAL DEV'T. - RURAL UTILITIES SERVICE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YOLO COUNTY, CA.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY DOMESTIC WATER SYSTEM IMPROVEMENTS FOR THE COMMUNITY OF ESPARTO	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date FALL '03	Ending Date DEC. '04	a. Applicant 2 ND CONGRESSIONAL DISTR. OF CA.	b. Project (SAME)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,938,285 ⁰⁰	<input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE JULY 10, 2003	
b. Applicant	\$ 0 ⁰⁰	<input type="checkbox"/> NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 0 ⁰⁰		
e. Other	\$ 0 ⁰⁰		
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 3,938,285 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David M. Herbst		b. Title GENERAL MANAGER/SUPERINT.	c. Telephone Number (530) 787-4502
d. Signature of Authorized Representative <i>David M. Herbst</i>		e. Date Signed 7/10/03	

RECEIVED
 JUL 21 2003
 STATE EXECUTIVE ORDER

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

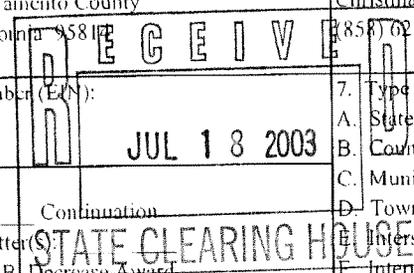
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/10/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: ESPARTO COMMUNITY SERVICES DISTRICT		Organizational Unit: ESPARTO COMMUNITY SERVICES DISTRICT	
Address (give city, county, State, and zip code): P.O. Box 349 16960 YOLO AVE., ESPARTO, CA 95627-0349		Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID M. HERBST, GEN. MNGR./SUPERINTENDENT (530) 787-4502	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000548		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM		9. NAME OF FEDERAL AGENCY: DEPT. OF AGRICULTURE - RURAL DEV'T., - RURAL UTILITIES SERVICE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YOLO COUNTY, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY DOMESTIC WASTEWATER SYSTEM IMPROVEMENTS FOR THE COMMUNITY OF ESPARTO	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 2 ND CONGRESSIONAL DISTR. OF CA.	
Start Date FALL '03	Ending Date DEC. '04	b. Project (SAME)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,436,216 ⁰⁰	<input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE JULY 10, 2003	
b. Applicant	\$ 0 ⁰⁰	<input type="checkbox"/> NO PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 0 ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
e. Other	\$ 0 ⁰⁰		
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 1,436,216 ⁰⁰	a. Type Name of Authorized Representative David M. Herbst	
d. Signature of Authorized Representative 		b. Title GENERAL MANAGER/SUPERINT.	
c. Telephone Number (530) 787-4502		e. Date Signed 7/10/03	

RECEIVED
 JUL 21 2003
 REVIEW OFFICE/HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
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 95811		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
6. Employer Identification Number (EIN): 68--0281986		Organizational Unit: San Diego Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Christina Arias (858) 627-3931	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ If Revision, enter appropriate letter(S): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute 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)	
10. Catalog of Federal Domestic Assistance Number 66.463 Title: Water Quality Cooperative Agreements		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) San Diego		11. Descriptive Title of Applicant's Project: Implementation of Total Maximum Daily Loads, which include a monitoring plan, for approximately 20-25 bacteria-impaired waterways in San Diego Region.	
13. Proposed Project: Start Date: 7/1/03 End Date: 6/30/03		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$125,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$125,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 18, 2003 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 <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 17, 2003	Applicant Identifier R9 Tracking #03-357																					
5. APPLICANT INFORMATION Legal Name: City of Downey Address (give city, county, State, and zip code): City of Downey 11111 Brookshire Ave., Downey, CA 90241		3. DATE RECEIVED BY STATE	State Application Identifier																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1918226		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. <input checked="" type="checkbox"/> 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) _____																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: SSI&SP 66-606		9. NAME OF FEDERAL AGENCY: Ellen Blake, EPA Project Officer																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: A demonstration project that would provide information on cost effective ways to address the requirements posed by the Trash TMDL for the Los Angeles River.																						
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Congress - 34th District b. Project: "Los Angeles County"																						
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>433,700⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>354,845⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>788,545⁰⁰</td></tr> </table>		a. Federal	\$	433,700 ⁰⁰	b. Applicant	\$	354,845 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	788,545 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 07/17/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	433,700 ⁰⁰																						
b. Applicant	\$	354,845 ⁰⁰																						
c. State	\$	⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	788,545 ⁰⁰																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
a. Type Name of Authorized Representative Gerald M. Caton		b. Title City Manager																						
c. Telephone Number (562) 904-7284		e. Date Signed 7-18-03																						
d. Signature of Authorized Representative <i>Lee Powell, AEM for Gerald Caton</i>																								

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 STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction		2. Date Submitted	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED STATE CLEARING HOUSE </div>
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		3. Date Rec'd by State	
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute 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)	
10. Catalog of Federal Domestic Assistance Number 66 463 Title: Water Quality Cooperative Agreements		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) Waterways of Sacramento, San Joaquin, and Feather Rivers		11. Descriptive Title of Applicant's Project: Adoption of Total Maximum Daily Loads (TMDLs), water quality objectives, and implementation plans for Central Valley waterways.	
13. Proposed Project: Start Date End Date 7/1/03 6/30/04		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING:		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: July 17, 2003 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.	
a. Federal \$121,574 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$121,574		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative			e. Date Signed:

APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/13/2003	APPLICANT IDENTIFIER 59.046
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Tina L Black		Organizational Unit: TinaKids	
Address (give city, county, State, and zip code): 6130 Camino Real Sp45 Riverside CA 92509 Riverside		Name and telephone number of person to be contacted on matters involving this application (give area code) (909) 361-1480 (909) 203-3549	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-9000683 <i>20-0068307</i>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> L	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		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):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-046 TITLE: Microloan Demonstration Program		9. NAME OF FEDERAL AGENCY: SMALL BUSINESS ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside, Indian Hills, Jurupa Hills, Inland Empire, Internet		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Starting Home-Based Business that sells Novelty Items, Collectable Knives, other Unique Merchandise off the Internet as well as eBooks and Report Products. A total of 7 websites that I want to Build and Bring to One Mega Site. Selling everything from electronic goods, to report products, to collectables, and novelties, to real estate. Music, and even an Adult Site for those over 18. One day hoping to expand to a Storefront in the neighborhood with my Novelty Items and Collectables. Buying Wholesale and Reselling Retail	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/13/2003	Ending Date 6/1/2004	a. Applicant 44, 45, 46	b. Project 44, 45, 46
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$ 50,000.00		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 50,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
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 Tina L Black		b. Title Owner	c. Telephone Number (909) 361-1480 (909) 203-3549
d. Signature of Authorized Representative <i>Tina L Black</i>		e. Date Signed <i>7-13-03</i>	

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APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/13/2003	APPLICANT IDENTIFIER 59.009
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Tina L Black		Organizational Unit: TinaNKids	
Address (give city, county, State, and zip code): 6130 Camino Real Sp45 Riverside CA 92509 Riverside		Name and telephone number of person to be contacted on matters involving this application (give area code) (909) 361-1480 (909) 203-3549	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-9000683		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> L	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		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):	
		9. NAME OF FEDERAL AGENCY: SMALL BUSINESS ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-009 TITLE: Procurement Assistance to Small Businesses		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Starting Home-Based Business that sells Novelty Items, Collectable Knives, other Unique Merchandise off the Internet as well as eBooks and Report Products. A total of 7-websites that I want to Build and Bring to One Mega Site. Selling everything from electronic goods, to report products, to collectables, and novelties, to real estate. Music, and even an Adult Site for those over 18. One day hoping to expand to a Storefront in the neighborhood with my Novelty Items and Collectables. Buying Wholesale and Reselling Retail	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) : Riverside, Inland Empire, DeAnza, Indian Hills, Jurupa Hills			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/13/2003	Ending Date 6/1/2004	a. Applicant 44,45, 46	b. Project 44,45, 46
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$ 50,000.00		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 50,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
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 Tina L Black		b. Title Owner	c. Telephone Number (909) 361-1480 (909) 203-3549
d. Signature of Authorized Representative <i>Tina L Black</i>		e. Date Signed 7-13-03	

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DOE F 402.2 (11-91) (All Other Editions Are Cancelled)



Office of Science (SC)

OMB Control No. 1910-1400

(OMB Burden Disclosure Statement on Back)

Face Page

TITLE OF PROPOSED RESEARCH: Investigating a novel set of protein transferase stimulating proteins (PSPs) in Arabidopsis: Impact on growth, development, and defense

1. CATALOG OF FEDERAL DOMESTIC ASSISTANCE # 81.049

2. CONGRESSIONAL DISTRICT: Applicant Organization's District: 43rd Project Site's District: 43rd

3. I.R.S. ENTITY IDENTIFICATION OR SSN: 95-8006142W

4. AREA OF RESEARCH OR ANNOUNCEMENT TITLE#: Energy Biosciences

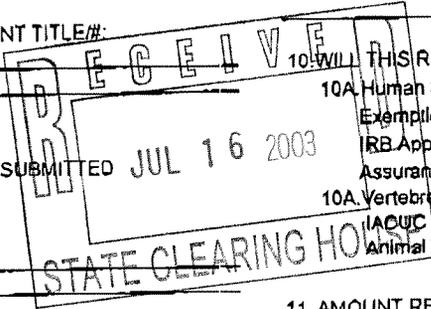
5. HAS THIS RESEARCH PROPOSAL BEEN SUBMITTED TO ANY OTHER FEDERAL AGENCY? YES NO

PLEASE LIST

8. ORGANIZATION TYPE: Local Govt., Non-Profit, Indian Tribal Govt., Other, For-Profit, Small Business, Women-Owned, State Govt., Hospital, Individual, Inst. of Higher Educ., Disadvan. Business, 8(a)

9. CURRENT DOE AWARD # (IF APPLICABLE):

10. WILL THIS RESEARCH INVOLVE: 10A. Human Subjects, 10B. Vertebrate Animals, 10C. Animal Welfare Assurance No. A3439-01



11. AMOUNT REQUESTED FROM DOE FOR ENTIRE PROJECT PERIOD \$ 378,020.00

6. DOE/OER PROGRAM STAFF CONTACT (if known): James Tavares and Sharlene Weatherwax

12. DURATION OF ENTIRE PROJECT PERIOD: 01/01/04 to 12/31/06

7. TYPE OF APPLICATION: New, Continuation, Supplement, Renewal, Revision

13. REQUESTED AWARD START DATE 01/01/04

14. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes No

15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR: NAME Linda Walling, TITLE Professor of Genetics, ADDRESS University of California, Riverside, CA 92521, PHONE NUMBER 909-787-4687

16. ORGANIZATION'S NAME Regents of the University of California, ADDRESS Sponsored Projects Administration, 200 University Office Building, University of California, Riverside, CA 92521

CERTIFYING REPRESENTATIVE'S: NAME Deborah Terao, TITLE Contract and Grant Analyst, PHONE NUMBER 909-787-5535

SIGNATURE OF PRINCIPAL INVESTIGATOR/ PROGRAM DIRECTOR: Linda Walling, Date 7/14/03

SIGNATURE OF ORGANIZATION'S CERTIFYING REPRESENTATIVE: Deborah Terao, Date 7/14/03

PIPD ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this submission.

CERTIFICATION and ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with DOE terms and conditions if an award is made as the result of this submission.

NOTICE FOR HANDLING PROPOSALS: This submission is to be used only for DOE evaluation purposes and this notice shall be affixed to any reproduction or abstract thereof.

PRIVACY ACT STATEMENT: If applicable, you are requested, in accordance with 5 U.S.C., Sec. 552a, to voluntarily provide your Social Security Number (SSN).

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

2. DATE SUBMITTED June 4, 2003	Applicant Identifier Tulare County Fire Dept
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Tulare County	Organizational Unit: Fire Department
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292	Name and telephone number of person to be contacted on matters involving this application (give area code) Mike Green (559) 757-3025

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94 - 6000545

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

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) _____

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 - US Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10 - 766
TITLE: Community Facilities Loans and Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
C.H.A.S.E. - Communities Helped through ADA access and Safety of emergency Employees

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Tulare County Communities: Tipton, Terra Bella, Richgrove, Cutler.

13. PROPOSED PROJECT

Start Date 10/1/03	Ending Date 9/30/04
-----------------------	------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District 20	b. Project District 20
-----------------------------	---------------------------

15. ESTIMATED FUNDING:

a. Federal	\$	30,525 ⁰⁰
b. Applicant	\$	10,175 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	40,700 ⁰⁰

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 06/04/03

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 David Hillman	b. Title Chief	c. Telephone Number (559) 732-5954
d. Signature of Authorized Representative 		e. Date Signed June 4, 2003

Previous Edition Usable
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STATE CLEARING HOUSE

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