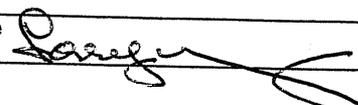
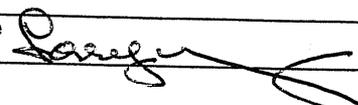


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-27-06	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: LA HONDA FIRE BRIGADE INC.		Organizational Unit: Department: LA HONDA FIRE DEPT.		3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 054661137		Division:		4. DATE RECEIVED BY FEDERAL AGENCY JUN - 8 2006	Federal Identifier
Address: Street: 8945 LA HONDA RD. PO BOX 97		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR.		First Name: LARRY	
City: LA HONDA		Middle Name D.		Last Name WHITNEY	
County: SAN MATEO		Suffix:		Email: LWHITNEY@FLASH.NET	
State: CA		Zip Code 94020		Phone Number (give area code) 650-747-9447 x103	
Country:		Fax Number (give area code) 650-747-9779		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Other (specify) NOT FOR PROFIT ORGANIZATION	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6109955		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): COMMUNITY FACILITIES LOAN 1C-166		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: REMODEL OF FIRE STATION AND CONSTRUCTION OF EMERGENCY OPERATIONS CENTER / TRAINING ROOM		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): UNINCORPORATED COMMUNITIES OF LA HONDA, DESCADENTS SAN GREGORIO, LOMA MAR	
13. PROPOSED PROJECT Start Date: 9-06		Ending Date: 6-07		14. CONGRESSIONAL DISTRICTS OF: ANNA ESHOO a. Applicant ESHOO	
15. ESTIMATED FUNDING:		b. Project ESHOO		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	150,000.00	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant	\$	0	00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
c. State	\$	0	00	a. Authorized Representative	
d. Local	\$	0	00	Prefix MR	
e. Other	\$	0	00	First Name LARRY	
f. Program Income	\$	0	00	Middle Name D	
g. TOTAL	\$	150,000.00	00	Last Name WHITNEY	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		b. Title FIRE CHIEF		c. Telephone Number (give area code) 650-747-9447 x103	
a. Authorized Representative		d. Signature of Authorized Representative 		e. Date Signed 5-27-06	
Prefix MR		First Name LARRY		Middle Name D	
Last Name WHITNEY		Suffix		c. Telephone Number (give area code) 650-747-9447 x103	
b. Title FIRE CHIEF		d. Signature of Authorized Representative 		e. Date Signed 5-27-06	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY JUL 19 2006	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Lakeshore Halghts Mutual Water Company		Organizational Unit: Department: Mutual Water Company	
Organizational DUNS: 071668755		Division:	
Address: Street: PO Box 313		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Lakehead		Prefix: Mr.	First Name: Paul
County: Shasta		Middle Name W.	
State: CA		Last Name Smith	
Zip Code 96051	Suffix:		
Country: USA		Email: paul.smith@bakbone.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6115401		Phone Number (give area code) (530)-238-8833	Fax Number (give area code) (530)238-8835
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Subsequent loan \$80,000 Grant \$148,000 to cover cost over run		7. TYPE OF APPLICANT: (See back of form for Application Types) Mutual Water Company Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: Rural Development, USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lakehead Community Area, Shasta Co., CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct surface water treatment filtration plant & 200,000 gallon steel above ground storage tank	
13. PROPOSED PROJECT Start Date: September 1, 2006		14. CONGRESSIONAL DISTRICTS OF a. Applicant 2- Shasta County	
Ending Date: December 31, 2006		b. Project 2- Shasta County	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal Loan	\$ 375,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 19, 2006	
b. Applicant	\$ 10,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State Federal Grant	\$ 306,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 691,000 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.			
g. Authorized Representative			
Prefix Mr.	First Name Dennis	Middle Name	
Last Name Flynn	Suffix		
b. Title President	c. Telephone Number (give area code) (530) 238-8616		
d. Signature of Authorized Representative 	e. Date Signed July 19, 2006		

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/24/2006 Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" 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: County of San Diego		Organizational Unit: Department: Planning and Land Use
Organizational DUNS: 157063926		Division: Multiple Species Conservation Program
Address: Street: 5201 Ruffin Road, Suite B City: San Diego County: San Diego State: CA Zip Code 92123 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Thomas Middle Name: N/A Last Name: Oberbauer Suffix: N/A Email: Thomas.Oberbauer@sdcountry.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (858) 694-3701 Fax Number (give area code) (858) 694-3373
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. County Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): East County Multiple Species Plan 15-615		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of San Diego		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of San Diego: East County Multiple Species Habitat Conservation Plan
13. PROPOSED PROJECT Start Date: 06/23/2004 Ending Date: 08/15/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49,51,52 b. Project 49,51,52
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 600,000.00 b. Applicant \$ 600,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,200,000.00	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 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. Authorized Representative		
Prefix Mr. First Name Thomas Last Name Oberbauer	Middle Name N/A Suffix N/A	c. Telephone Number (give area code) (858) 694-3701 e. Date Signed 7-24-2006
b. Title Chief, Multiple Species Conservation Planning Division d. Signature of Authorized Representative <i>Thomas A. Oberbauer</i>		

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APPLICATION FOR FEDERAL ASSISTANCE

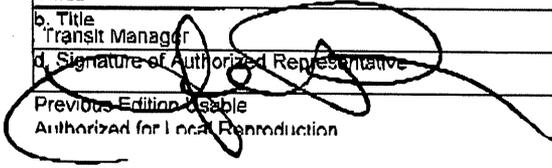
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 24, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: City of Redondo Beach		Department: Harbor, Business and Transit	
Organizational DUNS:		Division: Transit	
Address: Street: 415 Diamond Street, Door 11		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Terisa	
City: Redondo Beach			
County: Los Angeles		Middle Name: Lynn	
State: California		Last Name: Price	
Zip Code: 90277		Suffix:	
Country: USA		Email: terisa.price@redondb.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000767		Phone Number (give area code) 310-372-1171 x2670	Fax Number (give area code) 310-372-8021
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-5000		9. NAME OF FEDERAL AGENCY: FTA	
TITLE (Name of Program): Federal Transit Capital Investment Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Redondo Beach Transit Terminal" Construction of a Bus Transfer Station	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Redondo Beach		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 36th - Jane Harman b. Project 36th - Jane Harman	
13. PROPOSED PROJECT Start Date: 9/14/2006 Ending Date: 12/31/2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 24, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 776,699.00 b. Applicant \$ 194,175.00 c. State \$.00 d. Local Real Property \$ 6,000,000.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 6,970,074.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.		First Name Terisa	Middle Name Lynn
Last Name Price		Suffix	
b. Title Transit Manager		c. Telephone Number (give area code) (310) 372-1171 x2670	
d. Signature of Authorized Representative		e. Date Signed July 24, 2006	

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 JUL 25 2006

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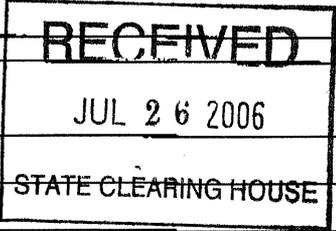
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier R0680020
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Fish and Game	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Wildlife & Inland Fisheries Division
Address: Street: 1812 9th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
City: Sacramento	First Name: Dan
County: Sacramento	Middle Name
State: CA	Last Name Yparraguirre
Zip Code 95814	Suffix:
Country: United States	Email: dyparraguirre@dfg.ca.gov



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

Phone Number (give area code): 916-445-3685
Fax Number (give area code): 916-445-4048

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-028

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
California Department of Fish and Game Avian Influenza Surveillance Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Statewide In California with strong focus on State Wildlife Areas

13. PROPOSED PROJECT
Start Date: 7/1/2006
Ending Date: 10/1/2008

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 5
b. Project: Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	140,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	140,000.00

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 26, 2006
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Mr.	First Name Felix Arteaga	Middle Name
Last Name Arteaga	Suffix	
b. Title Branch Chief, Grant Management and Federal Assistance	c. Telephone Number (give area code) 916-327-0062	
d. Signature of Authorized Representative <i>Felix Arteaga</i>	e. Date Signed July 26, 2006	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Imperial County	Organizational Unit: Department: Planning & Development Services
Organizational DUNS: 073-354-573	Division: Economic Development Division
Address: Street: 940 W. Main Street, Suite 208	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jurg
City: El Centro	Middle Name
County: Imperial County	Last Name Heuberger
State: CA Zip Code 92243	Suffix:
Country: USA	Email: jurgheuberger@imperialcounty.net

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

Phone Number (give area code) 760.482.4236 ext 4310	Fax Number (give area code) 760.353.8338
--------------------------------------------------------	---------------------------------------------

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
-

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Economic Development Administration Short Term Planning Partnership

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

13. PROPOSED PROJECT

Start Date: July 01, 2006	Ending Date: June 30, 2007
------------------------------	-------------------------------

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 51st b. Project 51st

15. ESTIMATED FUNDING:

a. Federal	\$	50,000.00
b. Applicant	\$	20,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

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

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

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

a. Authorized Representative

Prefix Ms.	First Name Robertta	Middle Name
Last Name Burns		Suffix
b. Title County Executive Officer		c. Telephone Number (give area code) 760.482.4290
j. Signature of Authorized Representative <i>Robertta J. Burns</i>		e. Date Signed 7/21/06

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

2. DATE SUBMITTED

07/26/2006

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

6. APPLICANT INFORMATION

* Organizational DUNS: 3644497440000

* Legal Name: QUANTUM MAGNETICS INC.

Department:

Division:

* Street1: 15175 Innovation Drive

Street2:

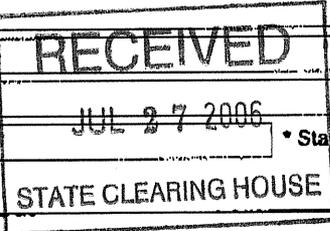
* City: San Diego

County:

* State: CA

* ZIP Code: 92128

* Country: USA



Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Ms. Quyen Tran

* Phone Number: 858-605-5571 Fax Number: 858-605-5501 Email: Quyen.Tran@ge.com

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

330291730

7. TYPE OF APPLICANT:

N: For-profit Organization (other than small business)

8. TYPE OF APPLICATION: New

- Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

Women Owned

Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

9. NAME OF FEDERAL AGENCY:

DOT - FAA Aviation Research Grants

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20.108

TITLE: Aviation Research Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

A Proposal to the Transportation Security Laboratory for the Next Generation Checkpoint

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

Federal / National

13. PROPOSED PROJECT:

* Start Date: 10/02/2006 * Ending Date: 03/30/2007

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: 52 b. * Project: 52

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Mr. Hoke Trammell

Position/Title: Senior Scientist * Organization Name: QUANTUM MAGNETICS INC.

Department: Division:

* Street1: 15175 Innovation Drive Street2:

* City: San Diego County: * State: CA * ZIP Code: 92128

* Country: USA

* Phone Number: 858-605-5518 Fax Number: 858-605-5501 * Email: hoke.trammell@ge.com

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

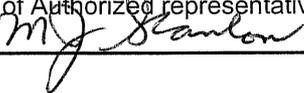
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/27/2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			CA-03-0634-01
5. APPLICANT INFORMATION			
Legal Name: Antelope Valley Transit Authority		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 42210 6th Street West City: Lancaster County: Los Angeles State: California Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Kimberly Middle Name: Ann Last Name: Hemperly Suffix: N/A Email: khemperly@avta.com	
Zip Code: 93534		STATE CLEARING HOUSE	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][5]-[4][3][7][7][1][1][9]		Phone Number (give area code) 661-729-2232	Fax Number (give area code) 661-726-2615
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) [A] []		7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Federal Transit - Capital Program Grant and Loans [2][0]-[5][0][0]		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Transportation, Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley; Northern Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Additional Funding for Operations and Maintenance Facility Phase II Construction, Modification, and Equipment	
13. PROPOSED PROJECT Start Date: 08/01/2006 Ending Date: 09/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25 b. Project 22, 25	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,213,592.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 27, 2006	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 303,398.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 1,516,990.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Randy	Middle Name C.	
Last Name Floyd		Suffix N/A	
b. Title Executive Director		c. Telephone Number (give area code) 661-729-2206	
d. Signature of Authorized Representative 		e. Date Signed 07/27/2006	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/24/2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION Legal Name: County of San Diego		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 157063926		Organizational Unit: Department: Planning and Land Use	
Address: Street: 5201 Ruffin Road, Suite B		Division: Multiple Species Conservation Program	
City: San Diego		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: San Diego		Prefix: Mr.	First Name: Thomas
State: CA Zip Code 92123		Middle Name: N/A	Last Name: Oberbauer
Country: USA		Suffix: N/A	Email: Thomas.Oberbauer@sdcountry.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (858) 694-3701	Fax Number (give area code) (858) 694-3373
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-615 TITLE (Name of Program): East County Multiple Species Plan		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of San Diego		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of San Diego: East County Multiple Species Habitat Conservation Plan	
13. PROPOSED PROJECT Start Date: 06/23/2004 Ending Date: 08/15/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49,51,52 b. Project 49,51,52	
16. ESTIMATED FUNDING: a. Federal \$ 230,000.00 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 230,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 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. Authorized Representative Prefix Mr. First Name Thomas Middle Name N/A		Last Name Oberbauer Suffix N/A	
b. Title Chief, Multiple Species Conservation Planning Division		c. Telephone Number (give area code) (858) 694-3701	
d. Signature of Authorized Representative <i>Thomas Oberbauer</i>		e. Date Signed	

RECEIVED
 JUL 27 2006
 STATE CLEARING HOUSE

Application for Federal Assistance

		2. Date Submitted 14-Jul-06	3. Applicant Identifier
1. Type of Submission Application Application Amendment Preapplication <input type="checkbox"/> Constuction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Constuction <input type="checkbox"/> Non-Construction		3. Date received State	State Application Identifier
		4. Date received by Federal Agency:	Federal Identifier CA-04-0020
5. Applicant Information			
6. Legal Name: San Mateo County Transit District (SamTrans)			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County California 94070-1306		Name and telephone of contact person (give area code) Rebecca Arthur, Capital Programming and Grants (650) 508-6368 Administrator	
6. Employer Identification Number (EIN): 9 4 2325976		7. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify) :		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20500 Section 5309 Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Mateo County		11. Descriptive title of applicant project FY 2006 Replace Fare Collection Equipment	
13. Proposed Projects in Grant Start Date: 8/1/2006 End Date: 6/30/2008			
15. Estimated Funding for amended projects			
a. Federal	\$297,000	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		12 & 14	12 & 14
d. Local	\$74,250		
f. Program Income		16. Is application subject to review by state executive 12372 process? Yes	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on	
g. TOTAL	\$371,250	Date: 07/18/06	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title General Manager	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 7/25/06	

06 418

Sac Metro AQMD

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify) _____

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

R9 Tracking Number 06-418

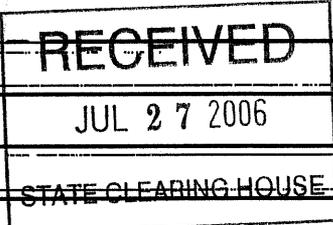
5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:



8. APPLICANT INFORMATION:

* a. Legal Name: Sacramento Metropolitan Air Quality Management District

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

68-0382186

* c. Organizational DUNS:

026453899

d. Address:

* Street1:

777 12th Street, 3rd Floor

Street2:

* City:

Sacramento

County:

Sacramento

* State:

California

Province:

* Country:

USA

* Zip / Postal Code:

95814-1908

e. Organizational Unit:

Department Name:

Sacramento Metropolitan Air Quality Management

Division Name:

All Divisions

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

Prefix:

Mr

* First Name:

Michael

Middle Name:

* Last Name:

Sinkevich

Suffix:

Title:

District Accountant

Organizational Affiliation:

* Telephone Number:

916.874.4823

Fax Number:

916.874.4805

* Email:

msinkevich@airquality.org

f -06498

Sac Metro AQMD

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency Region 9

11. Catalog of Federal Domestic Assistance Number:

66-0001

CFDA Title:

* 12. Funding Opportunity Number:

06-418

* Title:

Clean Air Act Section 105

13. Competition Identification Number:

Title:

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

State of California, County of Sacramento

* 15. Descriptive Title of Applicant's Project:

Air Pollution Control Programs

Attach supporting documents as specified in agency instructions.



7-06418

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

Sac Metro AQMD

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 03

* b. Program/Project: 03,04,05,10

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2007

18. Estimated Funding (\$):

* a. Federal	\$1,459,797.00
* b. Applicant	\$19,115,013.00
* c. State	\$16,012,351.00
* d. Local	
* e. Other	\$604,758.00
* f. Program Income	
* g. TOTAL	\$37,191,919.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 7/27/2006
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No Explanation:

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Larry
 Middle Name: F
 * Last Name: Greene
 Suffix:

* Title: Air Pollution Control Officer

* Telephone Number: 916.847.4802 Fax Number: 916.874.4805

* Email: lgreene@airquality.org

* Signature of Authorized Representative: [Signature] * Date Signed: 7/26/06

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