

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED 7-16-08	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Commerce		Organizational Unit: TRANSPORTATION DEPT.	
Address (give city, county, State, and zip code): 5555 Jillson St. COMMERCE, CA 90040		Name and telephone number of person to be contacted on matters involving this application (give area code) MARTIN GOMBERT 323-887-4419	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006477		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		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award 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: 20-507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Commerce		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transit Capital Projects	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 34. Lucille Roybal-Allard	
Start Date 7-1-08	Ending Date 6-30-11	a. Applicant City of Commerce	b. Project Transit Capital
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,585,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
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	\$ 1,275,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ _____ ⁰⁰		
e. Other	\$ 600,000 ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ 7,460,000 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 MARTIN GOMBERT		b. Title ACTING DIRECTOR OF TRANS	c. Telephone Number 323-887-4419
d. Signature of Authorized Representative <i>Martin Gombert</i>		e. Date Signed 7-16-08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Merced County Economic Development Corporation		Organizational Unit: Department:	
Organizational DUNS: 090845512		Division:	
Address: Street: 470 W. Main Street, Suite 7		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scott	
City: Merced		Middle Name	
County: Merced		Last Name Galbraith	
State: CA	Zip Code 95340	Suffix:	
Country: United States		Email: sgalbraith@mcedco.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 7 - 0 3 5 4 0 7 9	Phone Number (give area code) 209-723-3889	Fax Number (give area code) 209-723-4450
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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) O. Not for Profit Organization Other (specify)
	9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 2 TITLE (Name of Program): Economic Adjustment	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Planning Grant to Facilitate the Development of Industrial Business Parks that Focus on Generating and Enhancing Technology Based Innovation and Commerce in the Central Valley Region."
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Atwater, Gustine, and Merced, Merced County

13. PROPOSED PROJECT Start Date: October 1, 2008 Ending Date: October 1, 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th District b. Project 18th District
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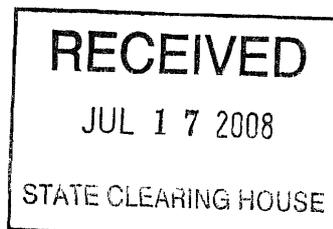
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 117,800 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 14, 2008
b. Applicant \$ 36,463 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 \$ 75,000 ⁰⁰	
e. Other \$ 7,200 ⁰⁰	
f. Program Income \$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 236,463 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative		
Prefix	First Name Scott	Middle Name
Last Name Galbraith		Suffix
b. Title President & CEO		c. Telephone Number (give area code) 209-723-3889
d. Signature of Authorized Representative 		e. Date Signed July 14, 2008

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Standard Form 424 (Rev.9-2003)
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	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 	Applicant Identifier
	3. DATE RECEIVED BY STATE 		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Atwater	Organizational Unit: Department:
Organizational DUNS: 004948113	Division:
Address: Street: 750 Bellevue Rd.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Stan
City: Atwater	Middle Name
County: Merced	Last Name Feathers
State: CA	Zip Code 95301
Country: United States	Suffix:
Email: sfeathers@atwater.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 2 8 5 4	Phone Number (give area code) (209) 357-6300	Fax Number (give area code) (209) 357-6302
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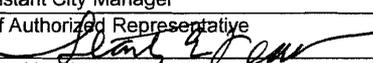
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Adjustment 1 1 - 3 0 2	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Planning Grant to Facilitate the Development of Industrial Business Parks that Focus on Generating and Enhancing Technology Based Innovation and Commerce in the Central Valley Region."
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Atwater, Gustine, and Merced, Merced County	

13. PROPOSED PROJECT Start Date: October 1, 2008	Ending Date: October 1, 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th District	b. Project 18th District
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 117,800.00 b. Applicant \$ 36,463.00 c. State \$.00 d. Local \$ 75,000.00 e. Other \$ 7,200.00 f. Program Income \$.00 g. TOTAL \$ 236,463.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 14, 2008 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	First Name Stan	Middle Name
Last Name Feathers		Suffix
b. Title Assistant City Manager		c. Telephone Number (give area code) (209) 357-6300
d. Signature of Authorized Representative 		e. Date Signed July 14, 2008

RECEIVED
 JUL 17 2008
 STATE CLEARING HOUSE

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

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
07/18/08

3. DATE RECEIVED BY STATE

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
09SR090751

4. DATE RECEIVED BY FEDERAL AGENCY:
07/18/08

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: WISE & Healthy Aging
DUNS NUMBER: 165178633

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

NAME: Ann Hammond
TELEPHONE NUMBER: (310) 394-9871 450
FAX NUMBER: (310) 395-0863
INTERNET E-MAIL ADDRESS: ahammond@wiseandhealthyaging.org

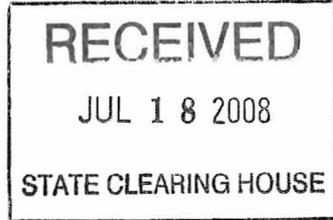
ADDRESS (give street address, city, state, zip code and county):
1527 4th Street, 2nd Floor
Santa Monica CA 90401 - 2358
County:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
952786014

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box):
 NEW NEW/PREVIOUS GRANTEE
 CONTINUATION AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER (specify below):



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

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

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Greater West Los Angeles Area RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Our project serves the western portion of greater Los Angeles and stretches from LAX on the south to the Ventura County line on the north. It includes the communi

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

13. PROPOSED PROJECT: START DATE: 10/01/08 END DATE: 09/30/11

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 30 b.Program CA 30

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 113,230.00
b. APPLICANT	\$ 55,308.00
c. STATE	\$ 4,000.00
d. LOCAL	\$ 0.00
e. OTHER	\$ 51,308.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 168,538.00

16. IS AN APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 22-JUL-08 15/July 2008

NO. PROGRAM IS NOT COVERED BY E.O. 12872
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:
Grace Cheng Braun

b. TITLE:
President and CEO

c. TELEPHONE NUMBER:
(310) 394-9871 440

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:
Grace Cheng Braun 7/18/08

e. DATE SIGNED:
07/18/08

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
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* 3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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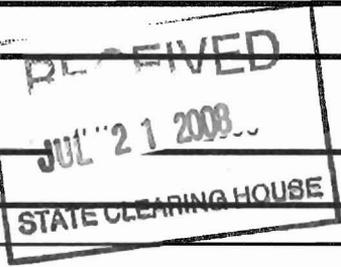
8. APPLICANT INFORMATION:

*** a. Legal Name:** National School Safety Center

* b. Employer/Taxpayer Identification Number (EIN/TIN): 770501247	* c. Organizational DUNS: 790387906
---	---

d. Address:

* Street1:	141 Duesenberg Drive
Street2:	Suite 11
* City:	Westlake Village
County:	Ventura
* State:	CA
Province:	
* Country:	USA: United States
* Zip / Postal Code:	91362



e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Ronald	
Middle Name: D.		
* Last Name: Stephens		
Suffix:		

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 805 373 9977	Fax Number: (805) 373-9277
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* Email: ronaldstephens@schoolsafety.us

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-034

* b. Program/Project: US-all

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

17. Proposed Project:

* a. Start Date: 09/01/2008

* b. End Date: 11/30/2009

18. Estimated Funding (\$):

* a. Federal	<u>200,000.00</u>
* b. Applicant	<u>0.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>200,000.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 07/24/2008
- 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 on the next page.)**

Yes No

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

** I AGREE

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

Authorized Representative:

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

Prefix: Dr. * First Name: Ronald
Middle Name: D.
* Last Name: Stephens
Suffix: _____

* Title: Executive Director

* Telephone Number: 805 373 9977

Fax Number: 805 373 9977

* Email: ronaldstephens@schoolsafetyl.us

* Signature of Authorized Representative:

* Date Signed: 07/18/2008

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

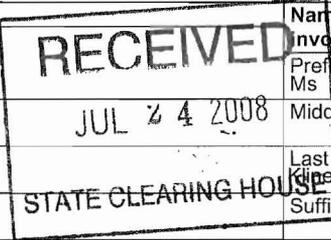
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 11, 2008		Applicant Identifier			
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE			
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier			
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
Legal Name: County of San Joaquin		Organizational Unit: Department: Department of Aviation		Division:			
Organizational DUNS: 08722 6056		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUL 23 2008</p> <p>STATE CLEARING HOUSE</p> </div>		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Address: Street: 5000 South Airport Way				Prefix: Mr.		First Name: Rich	
City: Stockton				Middle Name		Last Name Laiblin	
County: San Joaquin		State: California		Suffix:			
Zip Code 95206		Country: USA		Email: rlaiblin@sjgov.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000531		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County		Phone Number (give area code) (209) 468-4700			
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)		Fax Number (give area code) (209) 468-4730			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stockton Metropolitan Airport, Stockton, San Joaquin County, California Reconstruct General Aviation Apron and Tee Hangar Taxiway - Phase 2			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11		b. Project 11			
13. PROPOSED PROJECT Start Date: 2008		Ending Date: 2008		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 15, 2008			
15. ESTIMATED FUNDING:		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		c. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal \$ 290,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.		b. Applicant \$ 15,263.00			
c. State \$ 0.00		c. Telephone Number (give area code) (209) 468-2350		d. Signature of Authorized Representative			
d. Local \$ 0.00		e. Date Signed 7-18-08		Prefix Mr.			
e. Other \$ 0.00		Middle Name		First Name Ken			
f. Program Income \$ 0.00		Suffix		Last Name Vogel			
g. TOTAL \$ 305,263.00		c. Telephone Number (give area code) (209) 468-2350		b. Title Chairman, Board of Supervisors			
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. Date Signed		d. Signature of Authorized Representative			

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: San Joaquin County		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531		* c. Organizational DUNS: 555407857
d. Address:		
* Street1: 7000 Michael Canlis Blvd		RECEIVED JUL 23 2008 STATE CLEARING HOUSE
Street2:		
* City: French Camp		
County: San Joaquin County		
* State: California		
Province:		
* Country: United States of America		
* Zip / Postal Code: 95231		
e. Organizational Unit: San Joaquin County Sheriff's Office		
Department Name:		Division Name: Information Systems
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		* First Name: Tom
Middle Name: M		
* Last Name: Machado		
Suffix:		
Title: Departmental Information Systems Manager		
Organizational Affiliation: San Joaquin County Sheriff's Office		
* Telephone Number: (209)468-4304		Fax Number: (209) 468-4597
* Email: tmachado@sjgov.org		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <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: Central Sierra Resource Conservation & Development, Inc			Organizational Unit: Department:		
Organizational DUNS: 136584179			Division:		
Address: Street: 235D New York Ranch Road			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Valarie Middle Name: Last Name: Klinefelter Suffix:		
City: Jackson			Email: 'vk95669@hotmail.com'		
County: Amador		State: CA		Zip Code 95642	
Country: USA			Phone Number (give area code) (209) 245-3168		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 4 2 - 1 5 8 6 5 7 6			Fax Number (give area code) (209) 257-0910		
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) O - Not for Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 1 0 - 9 0 1			9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties of Alpine, Amador, Calaveras, Mono (north half), and Tuolumne			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Sierra RC&D Cooperative Agreement		
13. PROPOSED PROJECT Start Date: 3/31/2006 Ending Date: 12/31/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 3, 19		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	7,500 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-24-08		
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	\$	.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	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. TOTAL	\$	7,500 ⁰⁰	a. Authorized Representative		
Prefix		First Name		Middle Name	
Last Name				Suffix	
b. Title				c. Telephone Number (give area code) (209) 257-1851 x100	
d. Signature of Authorized Representative				e. Date Signed	



Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

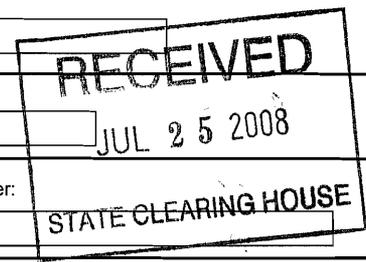
*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

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

95-2554256

*** c. Organizational DUNS:**

010720597

d. Address:

*** Street1:**

5400 East Olympic Boulevard, Suite 300

Street2:

*** City:**

Los Angeles

County:

Los Angeles

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

90022

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

*** First Name:**

Tom

Middle Name:

Florencio

*** Last Name:**

Provencio

Suffix:

Title:

Authorized Agent

Organizational Affiliation:

*** Telephone Number:**

323.721.1655

Fax Number:

323.721.3560

*** Email:**

tprovencio@telacu.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

City of Rialto, County of San Bernardino, CA

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

Supportive Housing for the Elderly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="11,449,300.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="5,000,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="16,449,300.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

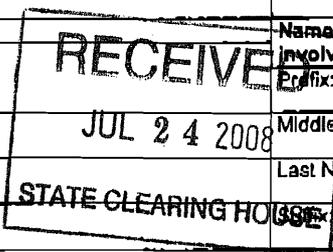
* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

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 type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: KLAMATH COMMUNITY SERVICES DISTRICT		Organizational Unit: Department:	
Organizational DUNS: Not Acquired		Division:	
Address: Street: P.O. Box 43D (140 Klamath Boulevard)		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: KLAMATH		Prefix: Mr.	First Name: Fred
County: DEL NORTE		Middle Name:	
State: CALIFORNIA		Last Name: Stockett	
Zip Code: 95548	Email: lornl@perfmetrics.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0411630		Phone Number (give area code) (707) 482-0115	Fax Number (give area code) (707) 482-0575
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) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Development - Rural Utility Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Klamath Townsite, Del Norte County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Klamath Community Services District (KCSD) Waste System Upgrade & Leach Field Expansion Project	
13. PROPOSED PROJECT Start Date: September 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Congressional District 1	
Ending Date: August 2009		b. Project District 1	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 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	
b. Applicant	\$ 0 ⁰⁰	DATE: June 24, 2008	
c. State	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,200,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Fred	Middle Name	
Last Name Stockett		Suffix	
b. Title President, Klamath Community Services District		c. Telephone Number (give area code) (707) 482-0115 or (707) 954-7717	
d. Signature of Authorized Representative <i>Fred Stockett</i>		e. Date Signed <i>July 24, 2008</i>	



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 11, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> 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			

5. APPLICANT INFORMATION

Legal Name: County of San Joaquin	Organizational Unit: Department: Department of Aviation
Organizational DUNS: 08722 6056	Division:
Address: Street: 5000 South Airport Way	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
City: Stockton	First Name: Rich
County: San Joaquin	Middle Name
State: California	Last Name: Laiblin
Zip Code: 95206	Suffix:
Country: USA	Email: rlaiblin@sjgov.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 5 3 1

Phone Number (give area code) (209) 468-4700	Fax Number (give area code) (209) 468-4730
---	---

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:

2 0 - 1 0 6

TITLE (Name of Program):
Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Stockton Metropolitan Airport, Stockton, San Joaquin County, California
Reconstruct General Aviation Apron and Tee Hangar Taxiway - Phase 2

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

13. PROPOSED PROJECT

Start Date: 2008	Ending Date: 2008
---------------------	----------------------

14. CONGRESSIONAL DISTRICTS OF:

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

15. ESTIMATED FUNDING:

a. Federal	\$	290,000 ⁰⁰
b. Applicant	\$	15,263 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	305,263 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 15, 2008

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 Ken	Middle Name
Last Name Vogel	Suffix	
b. Title Chairman, Board of Supervisors	c. Telephone Number (give area code) (209) 468-2350	
d. Signature of Authorized Representative <i>Ken Vogel</i>	e. Date Signed 7-18-08	

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 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ 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) A. STATE CLEARING HOUSE 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 66.454 Title: Water Quality Management Planning Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project: Oversee and manage water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of water quality in the environment.	
13. Proposed Project: Start Date 7/1/2008 End Date 6/30/2013		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$491,593 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$491,593		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 28, 2008 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 Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative			e. Date Signed: 8/5/2008

Application for Federal Assistance

1. Type of Submission Application		2. Date Submitted 25-Jul-08	3. Applicant Identifier
Application	Preapplication	3. Date received State	State Application Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date received by Federal Agency:	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. Applicant Information

6. Legal Name: **San Mateo County Transit District**

Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070	Name and telephone of contact person (give area code) Joel Slavitt, (650) 508-6476
---	--

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

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

8. Type of Application

new continuation Revision

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

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

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

10. Catalog of federal domestic assistance number: **20.507**

Section **5307 Program**

9. Name of federal Agency: **Federal Transit Administration**

12. Areas affected by project: **San Mateo County**

11. Descriptive title of applicant project:
FY 2007/08 Capital Improvements
Replace 35' and 40' buses
Replace cutaway Paratransit vehicles
Replace service support vehicles
Maintenance and operations equipment rehab & replacement
Admin & maint/operating facilities improvements
Replace fare collection equipment
Preventive maintenance

15. Estimated Funding

a. Federal	\$26,643,274	14. Congressional Districts of:
b. Applicant		a. Applicant
c. State	\$5,000,000	CA-012 & CA-014
d. Local	\$1,630,531	B. Project
f. Program Income		CA-012 & CA-014
e. Other		
g. TOTAL	\$33,273,805	

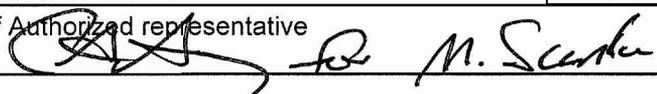
16. Is application subject to review by state executive 12372 process? **Yes**

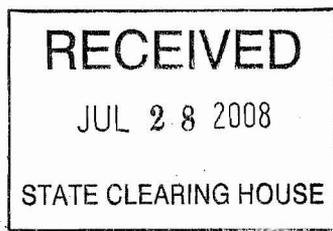
a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: **25-Jul-08**

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

17. Is the applicant delinquent on any federal debt?
 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 assistance is awarded.

a. Typed Name of Authorized Representative Michael J. Scanlon	b. Title General Manager/CEO	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 7-22-08



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 08-437

RECEIVED

JUL 28 2008

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6 Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Barbara County Air Pollution Control District

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

77-0384167

* c. Organizational DUNS:

799440722

d. Address:

* Street1: 260 North San Antonio Road

Street2: Suite A

* City: Santa Barbara

County: Santa Barbara

* State: California

Province:

* Country: United States of America

* Zip / Postal Code: 93110

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Linda

Middle Name:

* Last Name: Alexander

Suffix:

Title: District Accountant

Organizational Affiliation:

* Telephone Number: 805-961-8813

Fax Number: 805-961-8801

* Email: alexanderl@sbcapcd.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D. Special District Government

Type of Applicant 2: Select Applicant Type

Type of Applicant 3: Select Applicant Type

* Other (specify):

* 10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-001

CFDA Title:

* 12. Funding Opportunity Number:

R9 08-437

* Title:

Clean Air Act Section 105 Funds

13. Competition Identification Number:

Title

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

Santa Barbara County, California

* 15. Descriptive Title of Applicant's Project:

Air Pollution Regulation, Reduction and Enforcement

Attach supporting documents as specified in agency instructions

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA 23rd & 24th

* b. Program/Project CA 23rd & 24th

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

Add Attachment

17. Proposed Project:

* a. Start Date 10/1/2008

* b. End Date: 9/30/2009

18. Estimated Funding (\$):

* a. Federal	\$494,737.00
* b. Applicant	\$8,794,386.00
* c. State	\$100,000.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$9,389,123.00

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix Mr. First Name: Terry

Middle Name:

* Last Name Dressler

Suffix:

* Title Air Pollution Control Officer

* Telephone Number 805-961-8853

Fax Number: 805-961-8801

* Email dresslert@sbcapcd.org

* Signature of Authorized Representative:

Date Signed: 7/25/2008

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
July 25, 2008

Applicant Identifier

1. TYPE OF SUBMISSION:
Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier
03-06-226

RECEIVED
JUL 29 2008
STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name:
City of San Jose

Organizational DUNS: **063541874**

Address:
Street: **1732 North First Street, Suite 600**

City: **San Jose**

County: **Santa Clara**

State: **CA** Zip Code: **95112-4538**

Country: **USA**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 1 9

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

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

13. PROPOSED PROJECT

Start Date: **October 1, 2008** Ending Date: **September 30, 2010**

15. ESTIMATED FUNDING

a. Federal	\$	1,122,816	.00
b. Applicant	\$	270,429	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	1,393,245	.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 **Ms** First Name **Deanna** Middle Name
Last Name **Santana** Suffix
b. Title **Deputy City Manager** c. Telephone number (give area code)
408-535-8280
d. Signature of Authorized Representative *Deanna Santana* e. Date Signed **7/23/08**

Organizational Unit:
Department: **Norman Y. Mineta San Jose International**

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: **Ms.** First Name: **Lilian**

Middle Name: **S**

Last Name: **Ramirez**

Suffix:

Email: **lramirez@sjc.org**

Phone number (give area code): **408-501-7663** FAX number (give area code): **408-573-1677**

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

9. NAME OF FEDERAL AGENCY
DOT - Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Partial funding for the Phase 2 design for the replacement of portion of the south apron area at the Northern Concourse of Terminal B in order to support the heavier aircraft projected to use 4 to 6 terminal gates in this building.

14. CONGRESSIONAL DISTRICTS OF

a. Applicant **15th** b. Project **15th**

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

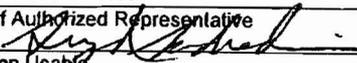
DATE: **July 25, 2008**

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

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/30/2008	Applicant Identifier 08-450	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: San Joaquin Valley Unified Air Pollution Control District			Organizational Unit: Department: Administration	
Organizational DUNS: 786808394			Division: Administrative Services Division	
Address: Street: 1990 East Gettysburg Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 30 2008 STATE CLEARING HOUSE </div>			Prefix: Mr.	
			First Name: Ryan	
City: Fresno			Middle Name L.	
County: Fresno			Last Name Kincaid	
State: CA			Suffix:	
Zip Code 93726-0244			Email: ryan.kincaid@valleyair.org	
Country: USA			Phone Number (give area code) (559) 230-6020	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0262563			Fax Number (give area code) (559) 230-6063	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-001			9. NAME OF FEDERAL AGENCY: EPA - Region 9	
TITLE (Name of Program): Air Pollution Control Program Support (105)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clean Air Act Section 105	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, & Tulare County.				
13. PROPOSED PROJECT Start Date: 10/01/2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 0611, 0618, 0619, 0620, 0621, 0622	
Ending Date: 09/30/2009			b. Project 0611 0618 0619 0620, 0621, 0622	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	1,904,873 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/30/2008	
b. Applicant	\$	10,231,668 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	⁰⁰		
e. Other	\$	⁰⁰		
f. Program Income	\$	⁰⁰		
g. TOTAL	\$	12,136,541 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 Mr.		First Name Seyed		Middle Name
Last Name Sadredin			Suffix	
b. Title Executive Director / A.P.C.O.			c. Telephone Number (give area code) (559) 230-6020	
d. Signature of Authorized Representative 			e. Date Signed 07/30/2008	

Previous Edition Usable
Authorized for Local ReroductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

R9 08-446

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

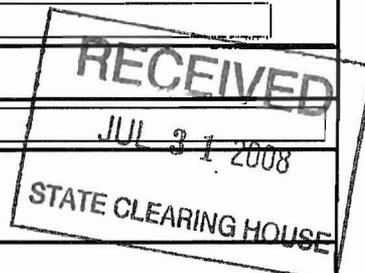
* a. Legal Name: Sacramento Metropolitan Air Quality Management District

* 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

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. * First Name: Joseph

Middle Name: Michael

* Last Name: Sinkevich

Suffix:

Title: District Accountant/Controller

Organizational Affiliation:

* Telephone Number: 916-874-4823 Fax Number: 916-874-4805

* Email: mlsinkevich@airquality.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Special District - Air

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.0001

CFDA Title:

Clean Air Act Section 105

*** 12. Funding Opportunity Number:**

R9 08-446

*** Title:**

Clean Air Act Section 105 Federal Fiscal Year 2009

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.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$1,412,108.00"/>
* b. Applicant	<input type="text" value="\$10,307,248.00"/>
* c. State	<input type="text" value="\$19,784,097.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$374,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$31,877,453.00"/>

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

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

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

 Yes No

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

 ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Middle Name: * Last Name: Suffix: * Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7/30/08	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE 7/30/08 - Faxed	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 7/30/08	Federal Identifier CA-04-0107
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
5. APPLICANT INFORMATION			
Legal Name: CITY OF NORWALK		Organizational Unit: Department: TRANSPORTATION	
Organizational DUNS: 075279760		Division: TRANSIT	
Address: Street: 12650 E. IMPERIAL HIGHWAY		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: LOIS	
City: NORWALK		Middle Name MARIE	
County: LOS ANGELES		Last Name SMITH	
State: CALIFORNIA		Suffix:	
Zip Code: 90650	Email: lsmith@ci.norwalk.ca.us		
Country: UNITED STATES		Phone Number (give area code) (562) 929-5540	Fax Number (give area code) (562) 929-5572
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005882			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): FEDERAL TRANSIT - CAPITAL INVESTMENT GRANT (# CA-04-0107)		9. NAME OF FEDERAL AGENCY: FEDERAL TRANSIT ADMINISTRATION-DEPT OF TRANSPORTATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NORWALK, ARTESIA, CERRITOS, LA HABRA, LA MIRADA, AND WHITTIER		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2006, 2007 AND 2008 Earmarks for Sec. 5307 funds for the following capital program: Purchase of One Replacement Revenue Vehicle (40' New Flyer bus) to replace one 35' Nova RTS bus, which was placed into service in 1997 and will reach the FTA replacement standard of 12 years of useful life in 2009.	
13. PROPOSED PROJECT Start Date: SEPTEMBER 30, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 38	
Ending Date: SEPTEMBER 30, 2012		b. Project 38	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 486,686.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/30/08	
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	\$ 54,077.00	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	\$ 540,763.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name JAMES	Middle Name C.	
Last Name PARKER	Suffix		
b. Title DIRECTOR OF TRANSPORTATION	c. Telephone Number (give area code) (562) 929-5533		
d. Signature of Authorized Representative	e. Date Signed 7/30/08		