# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

**Application for Federal Assistance SF-424** Version 02

*1. Type of Submission:
- ☒ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

*a. Legal Name: Corporation for Better Housing

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322

*c. Organizational DUNS: 602791829

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JUL 16 2009
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**d. Address:**

*Street 1: 15303 Ventura Blvd
Street 2: Suite 1100
*City: Sherman Oaks
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 91403

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Mr.
*First Name: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:

*Telephone Number: 818-905-2430
Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

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

**Application for Federal Assistance SF-424** Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

**Rural Housing Service, USDA**

**11. Catalog of Federal Domestic Assistance Number:**

Section 10.405 and 10.427

CFDA Title:

Farm Labor Housing Loans and Grants for Section 514 and 516

***12 Funding Opportunity Number:**

*Title:

**13. Competition Identification Number:**

Title:

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

**Chowchilla, CA**

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

Seet Attached Description.

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

*a. Applicant: CA-028 *b. Program/Project: CA-019

**17. Proposed Project:**

*a. Start Date: 10/1/2010 *b. End Date: 10/1/2011

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | 2,990,600 (RHS) |
| *b. Applicant | 57,988 (DDF) |
| *c. State | 2,000,000 (HOME) |
| *d. Local | 10,900,195 (Equity) |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 15,948,783 |

***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 7/20/09

☐ 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: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

* Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: *Date Signed: 7/14/09

Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received:

4. Application Identifier: STAG 2009/2010

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5a. Federal Entity Identifier: R9 Tracking #08-368

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: California Department of Toxic Substances Control

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381

*c. Organizational DUNS: 949010870

**d. Address:**

*Street1: 1001 'I' Street
Street 2: P.O. Box 806
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95812-0806

**e. Organizational Unit:**

Department Name: California Department of Toxic Substances Control

Division Name: Enforcement and Emergency Response Program

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

Prefix: Mr.
First Name: Rick
Middle Name:
*Last Name: Robison
Suffix:

Title: Unit Chief

Organizational Affiliation: Employee

*Telephone Number: (510)540-3859
Fax Number: (510)540-3891

*Email: rrobison@dtsc.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.709

CFDA Title:

Multi-Media Capacity Building Grant for States and Tribes

*12. Funding Opportunity Number: EPA-OECA-NPMAS-09-001

*Title: FY09 Multi-Media Grant Program Solicitation Notice

13. Competition Identification Number: N/A

Title:

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

Statewide projects.

*15. Descriptive Title of Applicant's Project:

Tablet Personal Computers and Portable Printers for Field Inspectors.

**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-034

*a. Applicant CA-005

*b. Program/Project: CA-all

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

17. Proposed Project: FY 09/10

*a. Start Date: Oct. 1, 2009

*b. End Date: Sept. 30, 2012

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | $199,953.30 |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $199,953.30 |

***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 7/13/2009
☐ 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: Gale

Middle Name:

*Last Name: Filter

Suffix:

*Title: Deputy Director

*Telephone Number: (916) 445-3941

Fax Number: (916) 322-1005

*Email: gfilter@dtsc.ca.gov

*Signature of Authorized Representative:

Date Signed: July 13, 2009

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

## Application for Federal Assistance SF-424

Version 02

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| [x] Preapplication | [x] New | |
| [ ] Application | [ ] Continuation | * Other (Specify) |
| [ ] Changed/Corrected Application | [ ] Revision | |

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

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

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**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: CIC Calexico Andrade, L.P.

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 26-2557347 | not yet applied for |

**d. Address:**

* Street1: 16935 W. Bernardo Drive, Suite 238
Street2:
* City: San Diego
County: San Diego
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92127

**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: Jordan
Middle Name:
* Last Name: Penn
Suffix:

Title: Project Manager

Organizational Affiliation:
Chelsea Investment Corporation, the Developer

* Telephone Number: 760-456-6000 Fax Number: 760-456-6001

* Email: jpenn@chelseainvestco.com

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

## Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Limited Partnership

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

NGMS Agency Rural Housing Service Department of Agriculture

**11. Catalog of Federal Domestic Assistance Number:**

10-405

CFDA Title:

Farm Labor Housing Loans

*** 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

* Title:

MBL-SF424Family-AllForms

**13. Competition Identification Number:**

Title:

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

Imperial County, California

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

Calexico Andrade Apartments (new affordable multifamily construction)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

## Application for Federal Assistance SF-424

Version 02

**16. Congressional Districts Of:**

**17. Proposed Project:**

* a. Start Date: 4/01/2010
* b. End Date: 12/01/2010

**18. Estimated Funding ($):** Please see attachment # 1

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

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/15/2009.

[ ] 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 [x] 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)**

[x] ** 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: Robert

Middle Name:

* Last Name: Laing

Suffix:

* Title: President, Pacific Southwest Community Development Corporation

* Telephone Number: 858-875-0506 Fax Number: 858-875-0702

* Email: robertlaing@pswcdc.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission. 7/15/2009

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

OMB Number: 4040-0004
Expiration Date: 07/31/2008

**Application for Federal Assistance SF-424** Version 02

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☐ New | |
| ☒ Application | ☒ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | Supplemental funds |

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

| 5a. Federal Entity Identifier: | * 5b. Federal Award Identifier: |
|---|---|
| XXXX | 196923301-2 |

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Frontier Fertilizer Superfund Oversight Group

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 68-0342908 | 168211592 |

**d. Address:**

* Street1: 3010 Loyola Drive
Street2:
* City: Davis
County: Yolo
* State: California
Province:
* Country: U.S.A.
* Zip / Postal Code: 95618

**e. Organizational Unit:**

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

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

Prefix: Ms. * First Name: Pamela
Middle Name: Sue Anne
* Last Name: Nieberg
Suffix:

Title: Project Manager, 77506 President

Organizational Affiliation:

* Telephone Number: 530-756-6856 Fax Number: ——

* Email: pnieberg@dcn.davis.ca.us

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

**Application for Federal Assistance SF-424** Version 02

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

M Non-profit Corporation with tax exempt status

**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:**

66.806

**CFDA Title:**

Superfund Technical Assistance Grants (TAGS) for Community Groups at National Priorities List (NPL) Sites.

*** 12. Funding Opportunity Number:**

*** Title:**

**13. Competition Identification Number:**

**Title:**

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

Davis, Yolo County, California

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

Technical assistance for Frontier Fertilizer Superfund Site in Davis, California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

* a. Applicant CA-001 * b. Program/Project CA-001

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10-1-09 * b. End Date: 9-31-12

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | $25,000 |
| * b. Applicant | $6,328 |
| * c. State | 0 |
| * d. Local | 0 |
| * e. Other | 0 |
| * f. Program Income | 0 |
| * g. TOTAL | $31,328 |

*** 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 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: Ms. * First Name: Pamela

Middle Name: Sue Anne

* Last Name: Nieberg

Suffix:

* Title: Project Manager, FFS06 President

* Telephone Number: 530-756-6856 Fax Number: —

* Email: pnieberg@dcn.davis.ca.us

* Signature of Authorized Representative: Pamela Nieberg * Date Signed: 7-13-09

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

Form 424 OMB Approval No. 0348-0043

**Application for Federal Assistance**

2. Date Submitted: **15-Jul-09**

3. Applicant Identifier

1. Type of Submission Application

Application: [x] Construction [x] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. Date received State

State Application Identifier

4. Date received by Federal Agency:

Federal Identifier

5. Applicant Information

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

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

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

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

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

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

8. Type of Application

[ ] new [ ] continuation [X] Revision

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

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

10. Catalog of federal domestic assistance number: **20507**
**Section 5307 Program**

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

11. Descriptive title of applicant project:
**CA-90-Y696-01 (First Amendment)**
**Track, Signal & Stn Rehab & ADA Enhancements**

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

13. Proposed Project
Start Date: **7/1/2008**
End Date: **6/30/2012**

Funding for Signal/Communication Rehabilitation and the Caltrain/ACE Santa Clara Train Station has been added to this grant application

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15. Estimated Funding Added in Amendment

| | |
|---|---|
| a. Federal | **$4,444,213** |
| b. Applicant | |
| c. State | |
| d. Local | **$1,111,054** |
| f. Program Income | |
| e. Other | |
| g. TOTAL | **$5,555,267** |

14. Congressional Districts of:

| a. Applicant | B. Project |
|---|---|
| **8, 12, 13, 14, 15 & 16** | **8, 12, 13, 14, 15 & 16** |

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: **21-Apr-09**
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)
[x] No.

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

| a. Typed Name of Authorized Representative | b. Title | c. Telephone Number: |
|---|---|---|
| **Michael J. Scanlon** | **Executive Director** | **(650) 508-6221** |

d. Signature of Authorized representative: acting ED

e. Date Signed: 7-16-09

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

| | |
|---|---|
| 2. DATE SUBMITTED | July 10, 2009 |
| Applicant Identifier | OXR 09-3 |
| 3. DATE RECEIVED BY STATE | |
| State Applicant Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | |
| Federal Identifier | NPIAS 3-06-0179-031-2009 |

1. TYPE OF SUBMISSION

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

5. APPLICANT INFORMATION

Legal Name: County of Ventura

Organizational Unit: Department of Airports

Address (give city, county, state, and zip code):
Department of Airports
555 Airport Way
Camarillo, CA 93010

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Todd McNamee
(805) 388-4200

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

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration
Western Pacific Region

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

TITLE: Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Rehabilitate Airport Pavement Runway and Taxiways 168K Sq Yd
Relocate hold short position sign Taxiway "D".

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

13. PROPOSED PROJECT:

| Start Date | Ending Date |
|---|---|
| September 2009 | September 2010 |

14. CONGRESSIONAL DISTRICTS OF:

| a. Applicant | b. Project |
|---|---|
| 19 and 21 | 21 |

15. ESTIMATED FUNDING:

| | |
|---|---|
| a. Federal | $ 500,000.00 |
| b. Applicant | $ 26,316.00 |
| c. State | $ .00 |
| d. Local | $ .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 526,316.00 |

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

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

DATE _____

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

| a. Typed Name of Authorized Representative | b. Title | c. Telephone number |
|---|---|---|
| Todd McNamee | Director of Airports | (805) 388-4200 |

d. Signature of Authorized Representative

e. Date Signed: July 10, 2009

Previous Editions Not Usable

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

Authorized for Local Reproduction

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

**Application for Federal Assistance SF-424** Version 02

*1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

*a. Legal Name: Corporation for Better Housing

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4550322

*c. Organizational DUNS: 602791829

**d. Address:**

*Street 1: 15303 Ventura Blvd
Street 2: Suite 1100
*City: Sherman Oaks
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 91403

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**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Mr.
*First Name: David
Middle Name:
*Last Name: Sclafani
Suffix:

Title: Senior Vice President

Organizational Affiliation:

*Telephone Number: 818-905-2430
Fax Number: 818-905-2440

*Email: dsclafani@sbcglobal.net

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

**Application for Federal Assistance SF-424** Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
**Rural Housing Service, USDA**

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

CFDA Title:
Farm Labor Housing Loans and Grants for Section 514 and 516

***12 Funding Opportunity Number:**

*Title:

**13. Competition Identification Number:**

Title:

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

***15. Descriptive Title of Applicant's Project:**
Seet Attached Description.

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

*a. Applicant: CA-028 *b. Program/Project: CA-021

**17. Proposed Project:**

*a. Start Date: 10/1/2010 *b. End Date: 10/1/2011

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | 3,000,000 (RHS) |
| *b. Applicant | 418,357 (DDF) |
| *c. State | 1,000,000 (AHP) |
| *d. Local | 12,581,817 (Equity) |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 17,000,174 |

***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 7/20/09

☐ 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: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

*Telephone Number: 818-905-2430 Fax Number: 818-905-2440

* Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: *Date Signed: 7/14/09

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☑ Preapplication | ☑ New | |
| ☐ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received: 4. Application Identifier:

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: California Human Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1653023

*c. Organizational DUNS: 060117272

**d. Address:**

*Street1: 3315 Airway Drive
Street 2:
*City: Santa Rosa
County: Sonoma County
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95403

**e. Organizational Unit:**

Department Name: Housing Dept.

Division Name:

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

Prefix: Mr. First Name: Chris
Middle Name:
*Last Name: Paige
Suffix:

Title: Deputy Chief Executive Officer

Organizational Affiliation:

*Telephone Number: 707-521-4726 Fax Number: 707-523-3776

*Email: chris.paige@chdcorp.org

OMB Number: 4040-0004
Expiration Date: 01/31/2012

**Application for Federal Assistance SF-424** Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Section 514/516 loan/grant program

*12. Funding Opportunity Number:

*Title: Section 514/516 loan/grant program

13. Competition Identification Number:

Title:

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

unincorporated Healdsburg, Sonoma County, CA

*15. Descriptive Title of Applicant's Project:

We propose the construction of 30 units to house both permanent farmworker families as well as temporary or seasonal single male migrant farmworkers.

**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant ONE *b. Program/Project: ONE

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

17. Proposed Project:

*a. Start Date: Summer 2010 *b. End Date: Spring 2011

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | $3,000,000.00 |
| *b. Applicant | |
| *c. State | $1,800,000.00 |
| *d. Local | $1,746,600.00 |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $6,546,600.00 |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/20/2009
☐ 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: Michael J. Micciche, CEO

Middle Name: J.

*Last Name: Micciche

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 707-521-4703 Fax Number: 707-523-3776

*Email: mike.micciche@chdcorp.org

*Signature of Authorized Representative: Date Signed: 07/20/2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|---|---|---|
| 1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Pre-application ☒ Construction ☐ Non-Construction | | 2. DATE SUBMITTED | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|---|---|
| Legal Name: HIDDEN VALLEY LAKE COMMUNITY SERVICES DISTRICT | Organizational Unit: Department: |
| Organizational DUNS: 024132875 | Division: |
| Address: Street: 19400 HARTMANN ROAD | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: MEL |
| City: HIDDEN VALLEY LAKE | Middle Name |
| County: LAKE | Last Name AUST |
| State: CA Zip Code 954678371 | Suffix: |
| Country: USA | Email: MAUST@HIDDENVALLEYLAKECSD.COM |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0048232 | Phone Number (give area code) 707-987-9202 Fax Number (give area code) 707-987-3237 |
| 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) G. Other (specify) |
| | 9. NAME OF FEDERAL AGENCY: USDA |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER & WASTE DISPOSAL SYSTEMS FOR RURAL COMMUNITIES 10-760 TITLE (Name of Program): | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Separate Sheet. |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community Services District | |
| 13. PROPOSED PROJECT Start Date: JUNE 2010 Ending Date: Sept 2010 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant CALIFORNIA 1ST District b. Project SAME |

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| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
|---|---|---|
| a. Federal | $ 1,280,774 .00 | a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: |
| b. Applicant | $ .00 | |
| c. State | $ .00 | |
| d. Local | $ 814,820 .00 | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other | $ 750,570 .00 | ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| f. Program Income | $ .00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | $ 2,846,164 .00 | ☐ 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 MEL | Middle Name |
| Last Name AUST | | Suffix |
| b. Title General Manager | | c. Telephone Number (give area code) 707-987-9202 |
| d. Signature of Authorized Representative | | e. Date Signed 7-10-09 |

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

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ **Construction** | ☑ **Construction** |
| ☐ **Non-Construction** | ☐ **Non-Construction** |

**5. APPLICANT INFORMATION**

Legal Name: PLACER COUNTY WATER AGENCY

Organizational Unit:
Department: TECHNICAL SERVICES
Division: ENGINEERING

Organizational DUNS: 098087943

**Address:**
Street: 144 FERGUSON ROAD
City: AUBURN
County: PLACER
State: CA
Zip Code: 95603
Country: USA

**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Prefix:
First Name: BRIAN
Middle Name
Last Name: MARTIN
Suffix:
Email: bmartin@pcwa.net
Phone Number (give area code): (530) 823-4883
Fax Number (give area code): (530) 823-4884

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**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 9 4 - 1 5 5 2 7 8 6

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

**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)

**9. NAME OF FEDERAL AGENCY:**
USDA RURAL DEVELOPMENT

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 1 0 - 7 6 0
TITLE (Name of Program): WATER and WASTE DISPOSAL LOAN and GRANT PROGRAM

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
MHAAA IMPROVEMENT DISTRICT - TREATED WATER SYSTEM IMPROVEMENTS

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

**13. PROPOSED PROJECT**
Start Date: JUNE 2010
Ending Date: AUGUST 2011

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: DISTRICT 4 (CA)
b. Project: DISTRICT 4 (CA)

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ .00 |
| b. Applicant | $ .00 |
| c. State | $ .00 |
| d. Local | $ 7,374,620 .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 7,374,620 .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 2, 2009
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:
First Name: BRIAN
Middle Name:
Last Name: MARTIN
Suffix:
b. Title: DIRECTOR OF TECHNICAL SERVICES
c. Telephone Number (give area code): (530) 823-4883
d. Signature of Authorized Representative: Brian C. Martin
e. Date Signed: 7/15/09

Form 424 OMB Approval No. 0348-0043

**Application for Federal Assistance**

2. Date Submitted: **14-Jul-09**

3. Applicant Identifier

1. Type of Submission Application

| Application | Preapplication |
|---|---|
| [x] Constuction | [ ] Construction |
| [x] Non-Constuction | [ ] Non-Construction |

3. Date received State

State Application Identifier

4. Date received by Federal Agency:

Federal Identifier

5. Applicant Information

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

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

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

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

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

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

8. Type of Application

[ ] new [ ] continuation [X] Revision

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

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

10. Catalog of federal domestic assistance number: **20.500**
**Section 5309 Capital Program**

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

11. Descriptive title of applicant project:
**CA-05-0238-01 (First Amendment)**
**Track, Signal, Stn Rehab & Comm. Improvements**

Funding for the Caltrain/ACE Santa Clara Train Station has been added to this grant application

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

13. Proposed Project
Start Date: **3/5/2007**
End Date: **11/30/2012**

15. Estimated Funding Added in Amendment

| | |
|---|---|
| a. Federal | **$880,441** |
| b. Applicant | |
| c. State | |
| d. Local | **$220,111** |
| f. Program Income | |
| e. Other | |
| g. TOTAL | **$1,100,552** |

14. Congressional Districts of:

| a. Applicant | B. Project |
|---|---|
| **8, 12, 13, 14, 15 & 16** | **8, 12, 13, 14, 15 & 16** |

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: **21-Jul-09**
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)
[x] No.

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

| a. Typed Name of Authorized Representative | b. Title | c. Telephone Number: |
|---|---|---|
| **Michael J. Scanlon** | **Executive Director** | **(650) 508-6221** |

d. Signature of Authorized representative: acting ED

e. Date Signed: 7-16-09

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

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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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: Los Angeles County Sheriff's Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927

* c. Organizational DUNS: 028950678

**d. Address:**

* Street1: 4700 Ramona Boulevard
Street2:
* City: Monterey Park
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91754

**e. Organizational Unit:**

Department Name: Communications and Fleet

Division Name: Technical Services Division

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

Prefix: Ms.
* First Name: Rachelle
Middle Name:
* Last Name: Jackson
Suffix:

Title: Grants Analyst

Organizational Affiliation:

* Telephone Number: (323) 526-5153
Fax Number: (323)415-7246

* Email: Grants@lasd.org

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

**Application for Federal Assistance SF-424** Version 02

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-3

* Title:

COPS Technology Program

**13. Competition Identification Number:**

Title:

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

These communications units have public safety interjurisdictional voice, data, and video communications interoperability for the County of Los Angeles. In addition can link into surrounding counties, State and Federal agencies.

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

Los Angeles County Mobile Communications Units: Station A and B

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

* a. Applicant: 24-39
* b. Program/Project: 41

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2009
* b. End Date: 10/31/2012

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | 200,000.00 |
| * b. Applicant | 0.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 200,000.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/20/2009.
- [ ] 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
- [x] 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)**

- [x] ** 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: Leroy
Middle Name: D.
* Last Name: Baca
Suffix:

* Title: Sheriff

* Telephone Number: (323)526-5000
Fax Number:

* Email: LDBaca@lasd.org

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

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

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** 7/20/09 | Applicant Identifier | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ **Construction** | ☐ **Construction** |
| ☑ **Non-Construction** | ☐ **Non-Construction** |

**5. APPLICANT INFORMATION**

Legal Name:
Access Services, Inc. PO Box 71684 L.A.

Organizational DUNS:
883300121

**Address:**
Street:
PO Box 71684

City:
Los Angeles, CA

County:
Los Angeles, CA

State: CA
Zip Code: 90071

Country: USA

**Organizational Unit:**
Department:

Division:

**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Prefix:
First Name: Gilbert
Middle Name
Last Name: Garza
Suffix:

Email: garza@asila.org
Phone Number (give area code): 213-270-6000
Fax Number (give area code): 213-270-6048

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**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*:
9 5 - 4 4 8 9 7 1 1

**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)
Other (specify)

**9. NAME OF FEDERAL AGENCY:**
Federal Transit Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
☐☐-☐☐☐
TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

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

**13. PROPOSED PROJECT**
Start Date: 5/1/2010
Ending Date: 5/1/2012

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: 21-47
b. Project: 21-47

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 735,000.00 |
| b. Applicant | $ .00 |
| c. State | $ .00 |
| d. Local | $ 183,750.00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 918,750.00 |

**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
First Name: Gilbert
Middle Name
Last Name: Garza
Suffix
b. Title: Grants Analyst
c. Telephone Number (give area code): 213-270-6000
d. Signature of Authorized Representative
e. Date Signed: 7/20/2009

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

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 07/17/2009

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Redlands Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000766

* c. Organizational DUNS: 145556747

**d. Address:**

* Street1: P.O. Box 1025
Street2:
* City: Redlands
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92374

**e. Orgsnizational Unit:**

Department Name: Redlands Police Department

Division Name: Crime Intervention Bureau

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

Prefix: Mr.
* First Name: Chris
Middle Name:
* Last Name: Catren
Suffix:

Title: Lieutenant

Organizational Affiliation:
Police Lieutenant

* Telephone Number: 9097987631
Fax Number: 9097987648

* Email: ccatren@redlandspolice.org

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** 7-27-2009 | Applicant Identifier | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ **Construction** | ☐ **Construction** |
| ☑ **Non-Construction** | ☐ **Non-Construction** |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: Central Sierra Resource Conservation & Development, Inc | **Organizational Unit:** Department: |
| Organizational DUNS: 136584179 | Division: |
| **Address:** Street: 235D New York Ranch Road | **Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms; First Name: Valerie |
| City: Jackson | Middle Name |
| County: Amador | Last Name: Klinefelter |
| State: CA; Zip Code: 95642 | Suffix: |
| Country: USA | Email: 'vk95669@hotmail.com' |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 4 2 - 1 5 8 6 5 7 6 | Phone Number (give area code): (209) 245-3168; Fax Number (give area code): (209) 257-0910 |

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**8. TYPE OF APPLICATION:**

☑ **New** ☐ **Continuation** ☐ **Revision**

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

Other (specify)

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

O - Not for Profit

Other (specify)

**9. NAME OF FEDERAL AGENCY:** Natural Resources Conservation Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 1 0 - 9 0 1

TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Central Sierra RC&D Cooperative Agreement

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Counties of Alpine, Amador, Calaveras, Mono (north half), and Tuolumne

**13. PROPOSED PROJECT**

| Start Date: | Ending Date: |
|---|---|
| 8/01/2009 | 10/30/2010 |

**14. CONGRESSIONAL DISTRICTS OF:**

| a. Applicant | b. Project |
|---|---|
| 3 | 3, 19 |

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 2,500.00 |
| b. Applicant | $ .00 |
| c. State | $ .00 |
| d. Local | $ .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 2,500.00 |

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

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

DATE: 7-27-09

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 BYTHE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Authorized Representative

| | | |
|---|---|---|
| Prefix: Ms | First Name: Valerie | Middle Name |
| Last Name: Klinefelter | | Suffix |
| b. Title: CSRC&D Chairperson | | c. Telephone Number (give area code): (209) 257-1851 x100 |
| d. Signature of Authorized Representative | | e. Date Signed |

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

**Application for Federal Assistance SF-424** Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
94-2475728

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

*a. Legal Name: COMMUNITY ACTION AGENCY OF SAN MATEO COUNTY, INC.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2475728

*c. Organizational DUNS:
09-343-6137

**d. Address:**

*Street 1: 930 BRITTAN AVENUE
Street 2:
*City: SAN CARLOS
County: SAN MATEO
*State: CA
Province:
*Country: USA
*Zip / Postal Code 94070

**e. Organizational Unit:**

Department Name:
N/A

Division Name:
N/A

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

Prefix: MRS.
*First Name: GRACE
Middle Name: K
*Last Name: KANOMATA
Suffix:

Title: CONTRACTS

Organizational Affiliation:

*Telephone Number: 650-595-1342
Fax Number: 650-595-5376

*Email: grace@caasm.org

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

**Application for Federal Assistance SF-424** Version 02

***9. Type of Applicant 1: Select Applicant Type:**
N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)
X. Community Action Agency

***10 Name of Federal Agency:**
**USDA, Rural Development**

**11. Catalog of Federal Domestic Assistance Number:**

10.433

CFDA Title:
RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008

*Title:
RUSAL HOUSING PRESERVATION GRANTS

**13. Competition Identification Number:**

HPG-2009

Title:

HOUSING PRESERVATION GRANTS

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

**SAN MATEO COUNTY**

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

RENOVATION PROJECT FOR LOW-INCOME HOMEOWNERS IN THE RURAL COASTSIDE AREAS OF SAN MATEO COUNTY.

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

*a. Applicant: 12, 14 *b. Program/Project: 12, 14

**17. Proposed Project:**

*a. Start Date: 10-01-09 *b. End Date: 9-30-10

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | 100,000 |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | 100,000 |
| *f. Program Income | |
| *g. TOTAL | 200,000 |

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/23/09

☐ 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: WILLIAM

Middle Name: FRANCIS

*Last Name: PARKER

Suffix:

*Title: EXECUTIVE DIRECTOR

*Telephone Number: 650-595-1342 Fax Number: 650-595-5376

* Email: wparker@baprc.com

*Signature of Authorized Representative: *Date Signed: 7/23/09

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# 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)

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*3. Date Received:

4. Application Identifier: NA

5a. Federal Entity Identifier: NA

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325102

*c. Organizational DUNS: 80321891

**d. Address:**

*Street1: 1001 I Street - Floor 4, MS4A
Street 2:
*City: Sacramento
County: Sacramento
*State:
Province:
Country: USA
*Zip/ Postal Code: 95812-2828

**e. Organizational Unit:**

Department Name: Department of Pesticide Regulation

Division Name: Administrative Services

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

Prefix: Mr.
First Name: David
Middle Name:
*Last Name: McCarty
Suffix:

Title: Project Manager

Organizational Affiliation:

*Telephone Number: (916) 323-4995
Fax Number: (916) 445-4149

*Email:

| Post-It® Fax Note 7671 | Date 7/23/09 | # of pages ▶ 3 |
|---|---|---|
| To SHEILA @ Clearing House | From David McCarty | |
| Co./Dept. Gov. Office Plan+Res | Co./Dept. DEPT. PEST. Reg. | |
| Phone # 916.322.2318 | Phone # 916.445.1528 | |
| Fax # 324.9936 | Fax # 916.445.4149 | |

OMB Number: 4040-0004
Expiration Date: 01/31/2012

**Application for Federal Assistance SF-424** Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Consolidated Cooperative Agreement

**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant State of California *b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 7/1/09 *b. End Date: 6/30/10

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | $110,000.00 |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $110,000.00 |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/23/09
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

**Authorized Representative:**

Prefix: Ms. *First Name: Mary-Ann

Middle Name:

*Last Name: Warmerdam

Suffix:

*Title: Director, Department of Pesticide Regulation

*Telephone Number: (916) 445-4000 Fax Number: (916) 324-1452

*Email:

*Signature of Authorized Representative: Date Signed: 7/23/09

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|---|---|---|
| **1. TYPE OF SUBMISSION:** Application ☐ Construction ☐ Non-Construction | Pre-application ☑ Construction ☐ Non-Construction | **2. DATE SUBMITTED** July 20, 2009 | Applicant Identifier |
| | | **3. DATE RECEIVED BY STATE** | State Application Identifier |
| | | **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: Cabrillo Economic Development Corporation | **Organizational Unit:** Department: Real Estate |
| Organizational DUNS: | Division: Real Estate Development Division |
| **Address:** Street: 702 County Square Drive | **Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Nicole |
| City: Ventura | Middle Name M. |
| County: | Last Name Norori |
| State: CA Zip Code | Suffix: |
| Country: USA | Email: nnorori@cabrilloedc.org |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 95-3681521 | Phone Number (give area code) 805-672-2577 / Fax Number (give area code) 805-647-4419 |

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| | |
|---|---|
| **8. TYPE OF APPLICATION:** ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types) O. Not for profit corporation w/501C3 IRS Status. Other (specify) |
| | **9. NAME OF FEDERAL AGENCY:** United States Department of Agriculture - Rural Development |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10-405. TITLE (Name of Program): Section 514 Farm Labor Housing Loan | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Valle Naranjal, 66 unit rental housing development in Piru, California, for farmworker families. |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Piru, Unincorporated Ventura County, CA | |
| **13. PROPOSED PROJECT** Start Date: 3/1/2010 / Ending Date: 7/1/2011 | **14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 23 / b. Project 24 |

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal USDA RD (FY08 and FY09) | $ 4,045,000.00 |
| b. Applicant Deferred Developer Fee | $ 560,435.00 |
| c. State HCD Joe Serna Jr./TCAC | $ 3,374,662.00 |
| d. Local County HOME Funds | $ 1,317,578.00 |
| e. Other Tax Credit Equity | $ 16,577,718.00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 25,875,393.00 |

**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 20, 2009

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 Jesse | Middle Name R. |
| Last Name Ornelas | | Suffix |
| b. Title Real Estate Development Deputy Director | | c. Telephone Number (give area code) 805-659-3791 x114 |
| d. Signature of Authorized Representative | | e. Date Signed 7/15/09 |

Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

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

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☒ Construction |
| ☐ Non-Construction | ☐ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name:
**London Community Services District**

Organizational DUNS:
**156414617**

**Address:**
Street:
**37835 Kate Road**

City:
**Dinuba**

County:
**Tulare**

State: **CA**
Zip Code: **93618-9734**

Country:
**USA**

**Organizational Unit:**
Department:
Division:

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

Prefix: **Mr.**
First Name: **James**
Middle Name: **H.**
Last Name: **Wegley**
Suffix:

Email: **kelweg1@aol.com**
Phone Number (give area code) **(559) 732-7938**
Fax Number (give area code) **(559) 732-7937**

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**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*:
7 7 - 0 0 2 4 1 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)

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

**9. NAME OF FEDERAL AGENCY:**
**Rural Development, CA, USDA**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
1 0 — 7 6 0
TITLE (Name of Program):
**Water and Waste Disposal Loan and Grant Program**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
**Wastewater Facility Improvement Project.**

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

**13. PROPOSED PROJECT (CONSTRUCTION)**
Start Date: **January 2010**
Ending Date: **May 2010**

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant **21**
b. Project **21**

**15. ESTIMATED FUNDING:**

| | | |
|---|---|---|
| a. Federal | $ 1,122,200 | .00 |
| b. Applicant | $ 15,000 | .00 |
| c. State | $ | .00 |
| d. Local | $ | .00 |
| e. Other | $ | .00 |
| f. Program Income | $ | .00 |
| g. TOTAL | $ 1,137,200 | .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 **OR NEAR**
DATE: **June 18, 2009**
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: **Mrs.**
First Name: **Dorothy**
Middle Name
Last Name: **Castro**
Suffix
b. Title: **President**
c. Telephone Number (give area code) **(559) 591-5142**
d. Signature of Authorized Representative: Dorothy Kelley Castro
e. Date Signed: 7/13/09

DOT FTA

U.S. Department of Transportation Federal Transit Administration

# Application

| | |
|---|---|
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Project ID: | CA-04-0094-01 |
| Budget Number: | 2 - Budget Pending Approval |
| Project Information: | Vans,planning, IT system, pass/ped |

## Part 1: Recipient Information

| | |
|---|---|
| Project Number: | CA-04-0094-01 |
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Address: | ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932 |
| Telephone: | (213) 922-2459 |
| Facsimile: | (213) 922-2476 |

## Union Information

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 Shatto Place, 3rd Floor |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 0000 |
| Contact Name: | CHERYL PARISI |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | cheryl@afscme36.org |
| Website: | |

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| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |

| | |
|---|---|
| Contact Name: | OLIVIA NELSON-RICHARD |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 Shatto Place, 3rd Floor |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 |
| Contact Name: | LINDA VILLEGAS-FIRTH |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | linda@afscme36.org |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 Shatto Place, 3rd Floor |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 |
| Contact Name: | MARSHA STEINBERG |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | marsha@afscme36.org |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | TEAMSTERS, LOCAL 911 |
| Address 1: | 3888 CHERRY AVENUE |
| Address 2: | |
| City: | LONG BEACH, CA 90807 |
| Contact Name: | CHESTER MORDASINI |
| Telephone: | (562) 595-4518 |
| Facsimile: | (562) 427-7298 |

| | |
|---|---|
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |
| City: | LOS ANGELES, CA 90012 |
| Contact Name: | JUANITA COOK |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |
| City: | LOS ANGELES, CA 90012 |
| Contact Name: | MICHAEL WINSTON |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |
| City: | LOS ANGELES, CA 90012 |
| Contact Name: | FREDDIE FLORES |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |

| | |
|---|---|
| Facsimile: | |
| E-mail: | Drasinlaw@aol.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | UNITED TRANSPORTATION UNION |
| Address 1: | LOCAL 1563 (DIV. 1, 2, 9) |
| Address 2: | 15999 CYPRESS AVENUE |
| City: | IRWINDALE, CA 91706 |
| Contact Name: | ROBERT GONZALEZ |
| Telephone: | (626) 962-9980 |
| Facsimile: | (626) 962-8079 |
| E-mail: | UTUjaw@earthlink.net |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | UNITED TRANSPORTATION UNION |
| Address 1: | LOCAL 1607 (DIV. 3, 6, 10) |
| Address 2: | 15999 CYPRESS AVENUE |
| City: | IRWINDALE, CA 91706 |
| Contact Name: | LISA ARREDONDO |
| Telephone: | (626) 962-9980 |
| Facsimile: | (626) 962-8079 |
| E-mail: | UTUjaw@earthlink.net |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | UNITED TRANSPORTATION UNION |
| Address 1: | LOCAL 1565 (DIV. 7, 11, 15, 20 |
| Address 2: | 15999 CYPRESS AVENUE |
| City: | IRWINDALE, CA 91706 |
| Contact Name: | TIM DEL CAMBRE |
| Telephone: | (626) 962-9980 |
| Facsimile: | (626) 962-8079 |
| E-mail: | UTUjaw@earthlink.net |
| Website: | |

| | |
|---|---|
| Address 2: | |
| City: | LOS ANGELES, CA 90031 1315 |
| Contact Name: | ARTURO AGUILAR |
| Telephone: | (323) 222-1277 |
| Facsimile: | (323) 222-1335 |
| E-mail: | AAguilar@atu1277.com |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | AMALGAMATED TRANSIT UNION |
| Address 1: | LOCAL 1277 |
| Address 2: | 1744 N. MAIN ST. |
| City: | LOS ANGELES, CA 90031 1315 |
| Contact Name: | NEIL SILVER |
| Telephone: | (323) 222-1277 |
| Facsimile: | (323) 222-1335 |
| E-mail: | NSilver@atu1277.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 SHATTO PLACE, 3RD FLOOR |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 |
| Contact Name: | ERNEST WATERS |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | ernest@afscme36.org |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AMALGAMATED TRANSIT UNION |
| Address 1: | 1744 NO. MAIN STREET |
| Address 2: | |
| City: | LOS ANGELES, CA 90031 |
| Contact Name: | DOUG KUROWSKI |

DOT FTA

U.S. Department of Transportation Federal Transit Administration

# Application

| | |
|---|---|
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Project ID: | CA-04-0088-01 |
| Budget Number: | 2 - Budget Pending Approval |
| Project Information: | Bus shelters, buses and engineering |

## Part 1: Recipient Information

| | |
|---|---|
| Project Number: | CA-04-0088-01 |
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Address: | ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932 |
| Telephone: | (213) 922-2459 |
| Facsimile: | (213) 922-2476 |

## Union Information

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 Shatto Place, 3rd Floor |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 0000 |
| Contact Name: | CHERYL PARISI |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | cheryl@afscme36.org |
| Website: | |

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JUL 27 2009
STATE CLEARING HOUSE

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |

| | |
|---|---|
| Contact Name: | OLIVIA NELSON-RICHARD |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 Shatto Place, 3rd Floor |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 |
| Contact Name: | LINDA VILLEGAS-FIRTH |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | linda@afscme36.org |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 Shatto Place, 3rd Floor |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 |
| Contact Name: | MARSHA STEINBERG |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | marsha@afscme36.org |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | TEAMSTERS, LOCAL 911 |
| Address 1: | 3888 CHERRY AVENUE |
| Address 2: | |
| City: | LONG BEACH, CA 90807 |
| Contact Name: | CHESTER MORDASINI |
| Telephone: | (562) 595-4518 |
| Facsimile: | (562) 427-7298 |

| | |
|---|---|
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |
| City: | LOS ANGELES, CA 90012 |
| Contact Name: | JUANITA COOK |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |
| City: | LOS ANGELES, CA 90012 |
| Contact Name: | MICHAEL WINSTON |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |
| City: | LOS ANGELES, CA 90012 |
| Contact Name: | FREDDIE FLORES |
| Telephone: | (213) 922-7324 |
| Facsimile: | (213) 922-7088 |
| E-mail: | olivianr1315@msn.com |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | TRANSPORTATION COMMUNICATIONS UNION |
| Address 1: | ONE GATEWAY PLAZA, MS 99-11-13 |
| Address 2: | |

| | |
|---|---|
| Facsimile: | |
| E-mail: | Drasinlaw@aol.com |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
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| Address 2: | 15999 CYPRESS AVENUE |
| City: | IRWINDALE, CA 91706 |
| Contact Name: | ROBERT GONZALEZ |
| Telephone: | (626) 962-9980 |
| Facsimile: | (626) 962-8079 |
| E-mail: | UTUjaw@earthlink.net |
| Website: | |

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| Union Name: | UNITED TRANSPORTATION UNION |
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| City: | IRWINDALE, CA 91706 |
| Contact Name: | LISA ARREDONDO |
| Telephone: | (626) 962-9980 |
| Facsimile: | (626) 962-8079 |
| E-mail: | UTUjaw@earthlink.net |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | UNITED TRANSPORTATION UNION |
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| Address 2: | 15999 CYPRESS AVENUE |
| City: | IRWINDALE, CA 91706 |
| Contact Name: | TIM DEL CAMBRE |
| Telephone: | (626) 962-9980 |
| Facsimile: | (626) 962-8079 |
| E-mail: | UTUjaw@earthlink.net |
| Website: | |

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| City: | LOS ANGELES, CA 90031 1315 |
| Contact Name: | ARTURO AGUILAR |
| Telephone: | (323) 222-1277 |
| Facsimile: | (323) 222-1335 |
| E-mail: | AAguilar@atu1277.com |
| Website: | |

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| Recipient ID: | 5566 |
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| Address 1: | LOCAL 1277 |
| Address 2: | 1744 N. MAIN ST. |
| City: | LOS ANGELES, CA 90031 1315 |
| Contact Name: | NEIL SILVER |
| Telephone: | (323) 222-1277 |
| Facsimile: | (323) 222-1335 |
| E-mail: | NSilver@atu1277.com |
| Website: | |

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|---|---|
| Recipient ID: | 5566 |
| Union Name: | AFSCME |
| Address 1: | 514 SHATTO PLACE, 3RD FLOOR |
| Address 2: | |
| City: | LOS ANGELES, CA 90020 |
| Contact Name: | ERNEST WATERS |
| Telephone: | (213) 487-9887 |
| Facsimile: | (213) 487-9822 |
| E-mail: | ernest@afscme36.org |
| Website: | |

| | |
|---|---|
| Recipient ID: | 5566 |
| Union Name: | AMALGAMATED TRANSIT UNION |
| Address 1: | 1744 NO. MAIN STREET |
| Address 2: | |
| City: | LOS ANGELES, CA 90031 |
| Contact Name: | DOUG KUROWSKI |

DRAFT

# 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 [X] Non-Construction

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

3. DATE RECEIVED BY STATE

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
09VS103702

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER

5. APPLICATION INFORMATION

LEGAL NAME: San Francisco Community Clinic Consortium

DUNS NUMBER

ADDRESS (give street address, city, state, zip code and county).
1550 Bryant Street
Suite 450
San Francisco CA 94103
County: San Francisco

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

NAME: Allen Meyer

TELEPHONE NUMBER: (415) 355-2226

FAX NUMBER: (415) 865-9960

INTERNET E-MAIL ADDRESS: ameyer@sfccc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
942897258

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program
Community-Based Organization

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION (Check appropriate box).

[X] 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 94.013

10b. TITLE: VISTA State

11 a DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
San Francisco Community HealthCorps

Program Type: Standard Cost Share: [ ]

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

12 AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
City and County of San Francisco, CA

13 PROPOSED PROJECT: START DATE: 09/01/09 END DATE: 08/31/12

14 CONGRESSIONAL DISTRICT OF: a.Applicant b Program

15. ESTIMATED FUNDING: Year #: 1

| | |
|---|---|
| a FEDERAL | $ 0.00 |
| b. APPLICANT | $ 71,647.00 |
| c. STATE | $ 0.00 |
| d LOCAL | $ 0.00 |
| e. OTHER | $ 167,372.00 |
| f. PROGRAM INCOME | $ 0.00 |
| g TOTAL | $ 239,019.00 |

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

[X] YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 12-JUL-09

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

17 IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES If "Yes," attach an explanation. [X] NO

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

| a. TYPED NAME OF AUTHORIZED REPRESENTATIVE | b. TITLE: | c TELEPHONE NUMBER |
|---|---|---|
| Allen Meyer | Vice President | (415) 355-2226 |

d SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

*a. Applicant: 12, 14 *b. Program/Project: 12, 14

**17. Proposed Project:**

*a. Start Date: 10-01-09 *b. End Date: 9-30-10

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | 100,000 |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | 100,000 |
| *f. Program Income | |
| *g. TOTAL | 200,000 |

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/23/09

☐ 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: WILLIAM

Middle Name: FRANCIS

*Last Name: PARKER

Suffix:

*Title: EXECUTIVE DIRECTOR

*Telephone Number: 650-595-1342 Fax Number: 650-595-5376

* Email: wparker@baprc.com

*Signature of Authorized Representative: *Date Signed: 7/23/09

**Application for Federal Assistance SF-424** Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A

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

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: Rancho Housing Alliance, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2148064

* c. Organizational DUNS: 135275373

**d. Address:**

* Street1: 53-990 Enterprise Way, Suite 1
Street2:
* City: Coachella
County: Riverside
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92236

**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: Jeffrey
Middle Name: Alan
* Last Name: Hays
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 760-391-5043
Fax Number: 760-391-5100

* Email: jeff@dace-rancho.org

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

**Application for Federal Assistance SF-424** Version 02

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

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Development Rural Housing Service

**11. Catalog of Federal Domestic Assistance Number:**

10.405 & 10.427

CFDA Title:

514 & 516 Farm Labor Housing Loans & Grants

*** 12. Funding Opportunity Number:**

Notice of Funds Availabilty for sect. 514 Loans and 516 Grants

* Title:

Initial Notice inviting applications from qualified applicants for FY 2009

**13. Competition Identification Number:**

Title:

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

Thermal, California- Riverside County

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

Requesting funding 514 Loan and 516 Grant for 45 unit Farm Labor Housing Project located in Thermal, CA.

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 45th District * b. Program/Project 45th

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

**17. Proposed Project:**

* a. Start Date: 10-1-2009 * b. End Date: 7-1-2010

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | $3,000,000 |
| * b. Applicant | $957,100 |
| * c. State | $3,330,000 |
| * d. Local | $1,571,500 |
| * e. Other | $800,000 |
| * f. Program Income | |
| * g. TOTAL | $9,658,100 |

*** 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 7-10-2009.

☐ 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: Jeffrey

Middle Name: Alan

* Last Name: Hays

Suffix:

* Title: Executive Director

* Telephone Number: 760-391-5043 Fax Number: 760-391-5100

* Email: jeff@dace-rancho.org

* Signature of Authorized Representative: * Date Signed: 7-15-09

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

## Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

**4. Applicant Identifier:**

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**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:** Desert Alliance for Community Empowerment

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 033-857187

*** c. Organizational DUNS:** 108363370

**d. Address:**

*** Street1:** 53-990 Enterprise Way, Suite 1
**Street2:**
*** City:** Coachella
**County:** Riverside
*** State:** California
**Province:**
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 92236

**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:** Jeffrey
**Middle Name:** Alan
*** Last Name:** Hays
**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:**

*** Telephone Number:** 760-391-5043
**Fax Number:** 760-391-5100

*** Email:** jeff@dace-rancho.org

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

**Application for Federal Assistance SF-424** Version 02

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

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Development Rural Housing Service

**11. Catalog of Federal Domestic Assistance Number:**

10.405 & 10.427

CFDA Title:

514 & 516 Farm Labor Housing Loans & Grants

*** 12. Funding Opportunity Number:**

Notice of Funds Availabilty for sect. 514 Loans and 516 Grants

* Title:

Initial Notice inviting applications from qualified applicants for FY 2009

**13. Competition Identification Number:**

Title:

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

Mecca, California- Riverside County

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

Requesting funding 514 Loan and 516 Grant for 45 unit Farm Labor Housing Project located in Mecca, CA.

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 45th District * b. Program/Project 45th

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

**17. Proposed Project:**

* a. Start Date: 10-1-2009 * b. End Date: 7-1-2010

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | $3,000,000 |
| * b. Applicant | 0 |
| * c. State | 1,523,000 |
| * d. Local | 1,700,000 |
| * e. Other | 2,100,000 |
| * f. Program Income | |
| * g. TOTAL | $8,323,000 |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 7-10-2009.

☐ 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: Jeffrey

Middle Name: Alan

* Last Name: Hays

Suffix:

* Title: Executive Director

* Telephone Number: 760-391-5043 Fax Number: 760-391-5100

* Email: jeff@dace-rancho.org

* Signature of Authorized Representative: * Date Signed: 7/14/2009

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** 7/22/09 | Applicant Identifier | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ **Construction** | ☑ **Construction** |
| ☐ **Non-Construction** | ☐ **Non-Construction** |

**5. APPLICANT INFORMATION**

Legal Name: Joshua Basin Water District

Organizational DUNS: 02-833-3698

**Address:**
Street: 61750 Chollita Road; PO Box 675
City: Joshua Tree
County: San Bernardino
State: CA
Zip Code: 92252
Country: USA

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**Organizational Unit:**
Department:
Division:

**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Prefix: Mr.
First Name: Joseph
Middle Name: Paul
Last Name: Guzzetta
Suffix:
Email: joeg@jbwd.com
Phone Number (give area code): 760.366.8438
Fax Number (give area code): 760.366.8064

**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 95-2387111

**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)
G. Special District
Other (specify)

**9. NAME OF FEDERAL AGENCY:** USDA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10-760
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Ground Water Recharge Project
Construction of approximately 24,000 linear feet of 24-inch water pipeline, and four to six recharge basins, each six to seven feet deep. Construction of the Recharge Project will provide facilities needed to allow Joshua Basin Water District access to a vital water supply and to reverse growing nitrate impacts.

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
San Bernardino County, Community of Joshua Tree

**13. PROPOSED PROJECT**
Start Date: 12/01/2009
Ending Date: 09/30/2010

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: 41st (Jerry Lewis)
b. Project: 41st (Jerry Lewis)

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal (USDA) | $ 2,378,000.00 |
| b. Applicant USDA Loan | $ 2,378,000.00 |
| c. State | $ 3,500,000.00 |
| d. Local | $ 1,600,000.00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 9,856,000.00 |

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

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Joseph
Middle Name: Paul
Last Name: Guzzetta
Suffix
b. Title: General Manager
c. Telephone Number (give area code): 760.366.8438
d. Signature of Authorized Representative: Joe Guzzetta
e. Date Signed: 7/22/09

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| 2. DATE SUBMITTED 07/22/09 | Applicant Identifier | |
| 3. DATE RECEIVED BY STATE | State Application Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☑ Construction |
| ☐ Non-Construction | ☐ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name: Joshua Basin Water District

Organizational Unit:
Department:
Division:

Organizational DUNS: 02-833-3698

**Address:**
Street: 61750 Chollita Road
PO Box 675
City: Joshua Tree
County: San Bernardino
State: CA
Zip Code: 92252
Country: USA

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**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Prefix: Mr.
First Name: Joseph
Middle Name: Paul
Last Name: Guzzetta
Suffix:
Email: joeg@jbwd.com
Phone Number (give area code): 760.366.8438
Fax Number (give area code): 760.366.8064

**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 9 5 - 2 3 8 7 1 1 1

**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)
G. Special District
Other (specify)

**9. NAME OF FEDERAL AGENCY:**
USDA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 1 0 - 7 6 0
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Water Reservoir Rehabilitation & Relocation Project
Project consists of dismantling and relocating an existing water storage reservoir and upgrading it to current design and public safety standards.

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
San Bernardino County, Community of Joshua Tree

**13. PROPOSED PROJECT**
Start Date: 09/01/09
Ending Date: 02/28/10

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: 41st (Jerry Lewis)
b. Project: 41st (Jerry Lewis)

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 375,000.00 |
| b. Applicant | $ 375,000.00 |
| 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: Mr.
First Name: Joseph
Middle Name: Paul
Last Name: Guzzetta
Suffix:
b. Title: General Manager
c. Telephone Number (give area code): 760.366.8438
d. Signature of Authorized Representative: Joe Guzzetta
e. Date Signed: 7/22/09

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| 2. DATE SUBMITTED 07/22/09 | Applicant Identifier | |
| 3. DATE RECEIVED BY STATE | State Application Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☑ Construction |
| ☐ Non-Construction | ☐ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name: Joshua Basin Water District

Organizational Unit:
Department:
Division:

Organizational DUNS: 02-833-3698

**Address:**
Street: 61750 Chollita Road, PO Box 675
City: Joshua Tree
County: San Bernardino
State: CA
Zip Code: 92252
Country: San Bernardino

**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Prefix: Mr.
First Name: Joseph
Middle Name: Paul
Last Name: Guzzetta
Suffix:
Email: joeg@jbwd.com
Phone Number (give area code): 760.366.8438
Fax Number (give area code): 760.366.9528

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**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 95-2387111

**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)
G. Special District
Other (specify)

**9. NAME OF FEDERAL AGENCY:** USDA

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10-760
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Water Pipeline Replacement Project
Construction of approximately 45,000 feet of 8-inch water pipeline to replace existing 4-inch deteriorating pipelines. The old, smaller pipelines are deteriorating due to age and use. Replacement will result in consumer health protection and system reliability.

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
San Bernardino County, Community of Joshua Tree

**13. PROPOSED PROJECT**
Start Date: 09/01/09
Ending Date: 09/30/10

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: 41st (Jerry Lewis)
b. Project: 41st (Jerry Lewis)

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 2,480,500.00 |
| b. Applicant | $ 2,480,500.00 |
| c. State | $ .00 |
| d. Local | $ .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 4,961,000.00 |

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

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Joseph
Middle Name: Paul
Last Name: Guzzetta
Suffix
b. Title: General Manager
c. Telephone Number (give area code): 760.366.8438
d. Signature of Authorized Representative: Joe Guzzetta
e. Date Signed: 7/22/09

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OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☐ New | |
| ☑ Application | ☑ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received:

4. Application Identifier: R9 09-478

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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**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
Street 2: Suite A
*City: Santa Barbara
County: Santa Barbara
*State: CA
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: Supervising Accountant

Organizational Affiliation:

*Telephone Number: 805 - 961 - 8813
Fax Number: 805 - 961 - 8801

*Email: alexanderl@sbcapcd.org

OMB Number: 4040-0004
Expiration Date: 01/31/2012

**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*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 09-478

*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.**

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California 23 & 24

*a. Applicant: California 23 & 24

*b. Program/Project: California 23 & 24

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

17. Proposed Project: Air Pollution Regulation, Reduction and Enforcement

*a. Start Date: 10/1/2009

*b. End Date: 9/30/2010

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | $505,880.00 |
| *b. Applicant | $9,377,470.00 |
| *c. State | $100,000.00 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $9,983,350.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/30/08
- [ ] 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
- [x] 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)

- [x] **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: [signature]

Date Signed: 7/30/2009

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received: 4. Application Identifier:

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: 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
Street 2:
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95814-1905

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**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: msinkevich@airquality.org

OMB Number: 4040-0004
Expiration Date: 01/31/2012

**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*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: R9-487

*Title: Clean Air Act Section 105 for Federal Fiscal Year 2010

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: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 03 *b. Program/Project: 03

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

17. Proposed Project:

*a. Start Date: 10/01/2009 *b. End Date: 09/30/2010

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | $1,407,689.00 |
| *b. Applicant | $9,166,969.00 |
| *c. State | $63,020,749.00 |
| *d. Local | $0.00 |
| *e. Other | $610,446.00 |
| *f. Program Income | $74,205,853.00 |
| *g. TOTAL | |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/30/2009
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

**Authorized Representative:**

Prefix: Ms *First Name: Barbara

Middle Name:

*Last Name: Crawford

Suffix: Barbara Crawford

*Title: Administrative Division Manager

*Telephone Number: 916-874-4820 Fax Number: 916-874-4805

*Email: bcrawford@airquality.org

*Signature of Authorized Representative: Date Signed: 7-30-09

R9 Tracking Number 09

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

## Application for Federal Assistance SF-424

Version 02

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

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| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| | 09-491 |

| 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 Valley Unified Air Pollution Control District

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 77-0262563 | 786808394 |

**d. Address:**

* Street1: 1990 East Gettysburg Avenue
Street2:
* City: Fresno
County: Fresno
* State: CA: California
Province:
* Country: USA: United States
* Zip / Postal Code: 93726-0244

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| Administration | Administrative Services Division |

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

Prefix: Mr. * First Name: Ryan
Middle Name: L.
* Last Name: Kincaid
Suffix:

Title: Accountant II

Organizational Affiliation:

* Telephone Number: (559) 230-6020 Fax Number: (559) 230-6063

* Email: ryan.kincaid@valleyair.org

R9 Tracking Number 09

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

**Application for Federal Assistance SF-424** Version 02

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Environmental Protection Agency - Region 9

**11. Catalog of Federal Domestic Assistance Number:**

66.001

CFDA Title:

Air Pollution Control Program Support (CAA Section 105)

*** 12. Funding Opportunity Number:**

R9 Tracking Number 09-491

* Title:

EPA Fiscal Year 2010 Clean Air Act (CAA) Section 105 grant funds.

**13. Competition Identification Number:**

Title:

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

Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.

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

The San Joaquin Valley APCD FY-10 CAA Section 105 Air Pollution Control Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

R9 Tracking Number 0!

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

## Application for Federal Assistance SF-424

Version 02

**16. Congressional Districts Of:**

* a. Applicant: CA-21
* b. Program/Project: CA-21

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

CA-11, CA-18, CA-19, CA-20, CA-22 [Add Attachment] [Delete Attachment] [View Attachment]

**17. Proposed Project:**

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2010

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | $1,954,363.00 |
| * b. Applicant | $11,627,383.00 |
| * c. State | $0.00 |
| * d. Local | $0.00 |
| * e. Other | $0.00 |
| * f. Program Income | $0.00 |
| * g. TOTAL | $13,581,746.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/30/2009.
- [ ] 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
- [x] 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)**

- [x] ** 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: Seyed
Middle Name:
* Last Name: Sadredin
Suffix:

* Title: Executive Director / A.P.C.O.

* Telephone Number: (559) 230-6020
Fax Number:

* Email: seyed.sadredin@valleyair.org

* Signature of Authorized Representative:
* Date Signed: 07/30/2009

Authorized for Local Reproduction

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

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

**Application for Federal Assistance SF-424** Version 02

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| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| Completed by Grants.gov upon submission. | R9 Tracking Number 09-476 |

| 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 Diego County Air Pollution Control District

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 33-0488415 | 623879223 |

**d. Address:**

* Street1: 10124 Old Grove Rd.
Street2:
* City: San Diego
County: San Diego
* State: California
Province:
* Country: United States of America
* Zip / Postal Code: 92131

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| Air Pollution Control District | Monitoring, Compliance |

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

Prefix: Ms. * First Name: Cecilia
Middle Name:
* Last Name: Redondo
Suffix:

Title: Group Program Manager

Organizational Affiliation:

* Telephone Number: (858) 586-2607 Fax Number: (858) 586-2601

* Email: cecilia.redondo@sdcounty.ca.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2008

**Application for Federal Assistance SF-424** Version 02

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

B

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:

FY 10 Clean Air Act Section 105 Grant

*** 12. Funding Opportunity Number:**

* Title:

**13. Competition Identification Number:**

Title:

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

County of San Diego

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

County Air Pollution Control Program maintenance of basic air pollution control program and regional cooperative air quality planning process. Preparation, updating & implementation of plans for attaining & maintaining national ambient air quality standards.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

* a. Applicant: CA-52
* b. Program/Project: 50,52,53

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

Add Attachment

**17. Proposed Project:**

* a. Start Date: 10-01-2009
* b. End Date: 09-30-2010

**18. Estimated Funding ($):**

| | |
|---|---|
| * a. Federal | $1,513,496.00 |
| * b. Applicant | $17,302,932.00 |
| * c. State | $750,000.00 |
| * d. Local | |
| * e. Other | |
| * f. Program Income | |
| * g. TOTAL | $19,566,428.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/01/09.
- [ ] 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
- [x] 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)**

- [x] ** 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: Robert
Middle Name:
* Last Name: Kard
Suffix:

* Title: Air Pollution Control Officer

* Telephone Number: (858) 586-2700 Fax Number: (858) 586-2701

* Email: robert.kard@sdcounty.ca.gov

* Signature of Authorized Representative: Robert Kard * Date Signed: 7/29/09

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