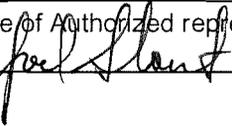


Federal Grant Applications

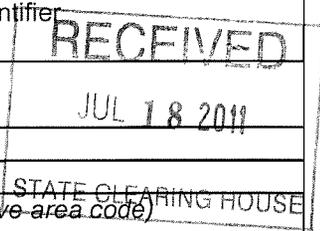
The following are Applications for Federal Assistance received by the State Clearinghouse **July 16 - 31, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for
Federal Assistance**

1. Type of Submission Application Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. Date Submitted 7-Jul-11		3. Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date received State		State Application Identifier	
5. Applicant Information		4. Date received by Federal Agency:		Federal Identifier	
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) <input checked="" type="checkbox"/> G		
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation If revision, enter appropriate letter(s) in boxes: A. Increased Award B. Decreased Award C. Increase Duration D. Decrease Duration Other (specify): RECEIVED JUL 18 2011 STATE CLEARING HOUSE			A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO		
10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program			9. Name of federal Agency: Federal Transit Administration		
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties			11. Descriptive title of applicant project: CA-05-0251 Systemwide Track Rehabilitation & Related Structures Revenue Vehicle Rehabilitation Program Signal/Communication Rehabilitation & Upgrades		
13. Proposed Project Start Date: 6/4/2007 End Date: 12/31/2013					
15. Estimated Funding					
a. Federal	\$16,080,284	14. Congressional Districts of:			
b. Applicant		a. Applicant		B. Project	
c. State	\$197,768	8, 12, 13, 14, 15 & 16		8, 12, 13, 14, 15 & 16	
d. Local	\$3,822,303	16. Is application subject to review by state executive 12372 process? Yes			
f. Program Income		a. Yes this preapplication/application was made available to the state executive order 12372 process review on			
e. Other		Date: 14-Jul-11			
g. TOTAL	\$20,100,355	b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review			
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.					
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.					
a. Typed Name of Authorized Representative Joel Slavit		b. Title Mgr, Grants & Fund Programming		c. Telephone Number: (650) 508-6476	
d. Signature of Authorized representative 				e. Date Signed 7-13-11	

Application for Federal Assistance

1. Type of Submission Application Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. Date Submitted 7-Jul-11		3. Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> 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**

8. Type of Application
 new continuation Revision
If revision, enter appropriate letter(s) in boxes:
A. Increased Award B. Decreased Award
C. Increase Duration D. Decrease Duration
Other (specify):

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

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

9. Name of federal Agency:
Federal Transit Administration

11. Descriptive title of applicant project:
CA-90-Y895
Systemwide Track Rehabilitation & Related Structures
Bridge Rehabilitation Program
Revenue Vehicle Rehabilitation Program
Preventive Maintenance

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

13. Proposed Project
Start Date: **6/4/2007** End Date: **12/31/2013**

15. Estimated Funding

a. Federal	\$12,845,058	14. Congressional Districts of: a. Applicant 8, 12, 13, 14, 15 & 16 B. Project 8, 12, 13, 14, 15 & 16
b. Applicant		
c. State		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: 14-Jul-11 b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review
d. Local	\$3,211,265	
f. Program Income		
e. Other		
g. TOTAL	\$16,056,323	

17. Is the applicant delinquent on any federal debt?
 Yes.(attach an explanation)
 No.

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

a. Typed Name of Authorized Representative Joel Slavit	b. Title Mgr, Grants & Fund Programming	c. Telephone Number: (650) 508-6476
d. Signature of Authorized representative 		e. Date Signed 7-13-11

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

Application for Federal Assistance SF-424		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"> *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:30%; border: none;"> *2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:40%; border: none;"> * If Revision, select appropriate letter(s) *Other (Specify) _____ </td> </tr> </table>			*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">JUL 19 2011</p> <p style="text-align: center; font-weight: bold;">STATE CLEARING HOUSE</p> </div>					
3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier:		5b. Federal Award Identifier: 11-9419-0074			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
6. APPLICANT INFORMATION:					
*a. Legal Name: The Regents of the University of California					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036484		*c. Organizational DUNS: 04-712-0084			
d. Address:					
*Street 1: <u>Office of Research - Sponsored Programs</u> Street 2: <u>1850 Research Park Drive, Suite 300</u> *City: <u>Davis</u> County: <u>Yolo</u> *State: <u>CA</u> Province: _____ *Country: <u>United States</u> *Zip / Postal Code: <u>95618</u>					
e. Organizational Unit:					
Department Name: CA Animal Health & Food Safety Laboratory System		Division Name:			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____	*First Name: _____	See Staff Contracts and Grants Officer Office of Research, Sponsored Programs University of California, Davis 1850 Research Park Drive, Suite 300 Davis, CA 95618 (530) 754-8266, Fax (530) 754-8229 subisr@ucdavis.edu			
Middle Name: _____					
*Last Name: _____					
Suffix: _____					
Title:					
Organizational Affiliation:					
*Telephone Number: 530-754-8266		Fax Number: 530-754-8229			
*Email:					

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:**

H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA/APHIS/VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal Care

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

California and any other support of NAHLN as required

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

Classical swine fever surveillance

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: One	*b. Program/Project:	
17. Proposed Project:		
*a. Start Date: 08/16/11	*b. End Date: 03/31/12	
18. Estimated Funding (\$):		
*a. Federal	42,691	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	42,691	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/ /11 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: <u>Sue Blair</u>	
Middle Name: _____	*Last Name: <u>Contracts and Grants Officer</u>	
*Last Name: _____	Office of Research, Sponsored Programs	
Suffix: _____	University of California, Davis	
	1850 Research Park Drive, Suite 300	
	Davis, CA 95618	
	(530) 754-8288, Fax (530) 754-8229	
	sblair@ucdavis.edu	
*Title: _____		
*Telephone Number: _____	Fax Number: _____	
* Email: _____		
*Signature of Authorized Representative: <u>Sue Blair</u>		*Date Signed: <u>7/18/11</u>

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/03/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198023
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch (GMB)
Address: Street: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brian
City: Sacramento	Middle Name
County: Sacramento	Last Name: Salazar
State: California Zip Code: 95811	Suffix:
Country: USA	Email: bsalazar@dfg.ca.gov

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

Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Golden Eagle Territory and Non-breeding Season Movements in Southern California
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Sonoran and Mojave Deserts, and San Diego County

13. PROPOSED PROJECT Start Date: 09/01/2011 Ending Date: 08/31/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant various b. Project various
---	---

15. ESTIMATED FUNDING: a. Federal \$ 299,000 b. Applicant \$ c. State \$ 161,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 460,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

Prefix Mr.	First Name Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 6/16/2011	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/30/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1198024
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
Organizational DUNS: 808322358	Department: Department of Fish and Game
Address: Street: 1831 Ninth Street	Division: Grants Management Branch (GMB)
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: First Name: Brian
State: California Zip Code 95811	Middle Name
Country: USA	Last Name Salazar
	Suffix:
	Email: bsalazar@dfg.ca.gov

RECEIVED
 JUL 19 2011
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-1897587

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15-634

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 California Department of Fish and Game - State Wildlife Action Plan 2012 Update, Phase 1

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

13. PROPOSED PROJECT

Start Date: 07/01/2011	Ending Date: 06/30/2013
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14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant Statewide b. Project Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	650,000
b. Applicant	\$	
c. State	\$	216,667
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	866,667

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 Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 6/29/2011	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/27/2011	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1198025
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grants Management Branch (GMB)	
Address: Street: 1831 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Brian
County: Sacramento		Middle Name:	RECEIVED JUL 19 2011
State: California Zip Code 95811		Last Name: Salazar	
Country: USA		Suffix:	STATE CLEARING HOUSE
Email: bsalazar@dfg.ca.gov			

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grant 15-634	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Identification and Quantification of Potential Conservation Conflicts between Solar Energy Development and Special-Status Upland Species of the San Joaquin Valley
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern San Joaquin Valley	

13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Various b. Project Various
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 145,203	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 78,186	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 223,389	

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 Blaine		Middle Name	
Last Name Nickens						Suffix	
b. Title Chief, Grants Management Branch						c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative						e. Date Signed 6/24/2011	

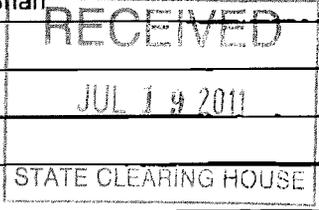
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/28/2011	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1198026
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
Organizational DUNS: 808322358	Department: Department of Fish and Game
Address: Street: 1831 Ninth Street	Division: Grants Management Branch (GMB)
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: First Name: Brian
State: California Zip Code 95811	Middle Name
Country: USA	Last Name Salazar
	Suffix:
	Email: bsalazar@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697587

Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
---	---

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)
 A. State
 Other (specify) |

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15-634
 TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Mohave Ground Squirrel Conservation Strategy

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Los Angeles, Kern, San Bernardino, Inyo counties

13. PROPOSED PROJECT
 Start Date: 07/01/2011 Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 5 b. Project 41, 25, 22, 43, 26

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 300,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 161,538	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 461,538	

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 Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 6/28/2011	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/27/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198027
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 808322358

Address: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: California Zip Code 95811
Country: USA

Organizational Unit:
Department: Department of Fish and Game
Division: Grants Management Branch (GMB)

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: Salazar
Suffix: Email: bsalazar@dfg.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1897587

Phone Number (give area code) (916) 323-6201
Fax Number (give area code) (916) 327-6320

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Scott and Shasta Rivers Instream Flow Study Planning and Data Needs Assessment to benefit coho salmon, Chinook salmon, and steelhead trout; Phase 1.

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

13. PROPOSED PROJECT
Start Date: 07/01/2011 Ending Date: 06/30/2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 5, 2 b. Project 2

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 250,000	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	\$		DATE:
c. State	\$ 155,562	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
d. Local	\$	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 405,562		

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 Blaine Middle Name
Last Name Nickens Suffix

b. Title Chief, Grants Management Branch c. Telephone Number (give area code) (916) 445-9300
e. Date Signed 6/27/2011

d. Signature of Authorized Representative

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/27/2011	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1198028	
<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grants Management Branch (GMB)	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1831 Ninth Street		Prefix:	First Name: Brian
City: Sacramento		Middle Name:	RECEIVED JUL 19 2011 STATE CLEARING HOUSE
County: Sacramento		Last Name: Salazar	
State: California	Zip Code: 95811	Suffix:	
Country: USA		Email: bsalazar@dfg.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
---	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Wildlife Grant 15-634		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Earl coastal lagoon system hydrological model for predicting effects of lagoon management alternatives on tidewater goby and Oregon silverspot butterfly	
--	--	---	--

13. PROPOSED PROJECT Start Date: 08/01/2011 Ending Date: 09/30/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5, 1 b. Project 1	
--	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 60,420	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 32,534	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 92,954		

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 Blaine	Middle Name	
Last Name Nickens	Suffix		
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300		
d. Signature of Authorized Representative	e. Date Signed 6/25/2011		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/30/2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198029
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-
<input checked="" type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
Organizational DUNS: 808322358	Department: Department of Fish and Game
Address: Street: 1831 Ninth Street	Division: Grants Management Branch (GMB)
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: First Name: Brian
State: California Zip Code 95811	Middle Name
Country: USA	Last Name Salazar
	Suffix:
	Email: bsalazar@dfg.ca.gov

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

Phone Number (give area code) (916) 323-6201
Fax Number (give area code) (916) 327-6320

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-634

TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Bay Delta Region Habitat Management and Wildlife Surveys on Lands

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Central Valley Bay- Delta Areas and Central Coast Regions, CA

13. PROPOSED PROJECT
Start Date: 07/01/2011 Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 5 b. Project 1,5,6,7,8,12,13,16

15. ESTIMATED FUNDING:

a. Federal	\$	559,877
b. Applicant	\$	
c. State	\$	301,472
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	861,349

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 Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 6/30/2011	

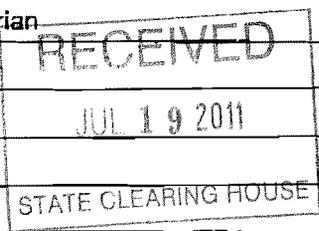
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/27/2011	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier G1198030
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch (GMB)
Address: Street: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Brian
City: Sacramento	Middle Name
County: Sacramento	Last Name Salazar
State: California Zip Code 95811	Suffix:
Country: USA	Email: bsalazar@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1897587

Phone Number (give area code) (916) 323-6201	Fax Number (give area code) (916) 327-6320
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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)
 A. State
 Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-834

TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Distribution of Fisher in southern Humboldt and Mendocino counties and Humboldt marten in Prairie Creek Redwoods and Humboldt Redwoods State Parks

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Del Norte, Humboldt, and Mendocino counties

13. PROPOSED PROJECT
Start Date: 08/01/2011 Ending Date: 09/30/2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 5, 4 b. Project 4

15. ESTIMATED FUNDING:

a. Federal	\$	179,766
b. Applicant	\$	
c. State	\$	96,797
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	276,563

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 Blaine	Middle Name
Last Name Nickens	Suffix	
b. Title Chief, Grants Management Branch	c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative	e. Date Signed 6/25/2011	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/05/2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G0998023
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier FT-1-1, amendment #1

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch (GMB)
Address: Street: 1831 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brian
City: Sacramento	Middle Name
County: Sacramento	Last Name Salazar
State: California Zip Code 95811	Suffix:
Country: USA	Email: bsalazar@dfg.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code) (916) 323-6201
 Fax Number (give area code) (916) 327-6320

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Fisheries and Aquatic Ecosystem Resource Assessment, Management Planning and Plan Implementation in Mid and High Elevation Aquatic Ecosystems

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Sierra Nevada, and other California Mountain Ranges

13. PROPOSED PROJECT
 Start Date: 04/15/2009 Ending Date: 06/30/2013

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

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 869,216	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	\$		DATE:
c. State	\$ 403,072	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,272,288		

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 Blaine	Middle Name
Last Name Nickens	Suffix	

b. Title Chief, Grants Management Branch

c. Telephone Number (give area code) (916) 445-9300

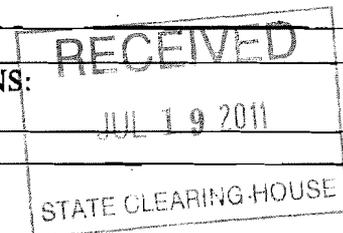
d. Signature of Authorized Representative *[Signature]*

e. Date Signed 5/5/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier: To be assigned on award		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Bay Area Air Quality Management District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746			*c. Organizational DUNS: 078781416		
d. Address:					
*Street1: 939 Ellis Street					
Street 2:					
*City: San Francisco					
County:					
*State: CA					
Province:					
Country: United States of America			*Zip/ Postal Code: 94109		
e. Organizational Unit:					
Department Name: Ambient Air Monitoring			Division Name: Technical Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Eric			
Middle Name: David					
*Last Name: Stevenson					
Suffix:					
Title: Director of Technical Services					
Organizational Affiliation:					
*Telephone Number: (415) 749-4695			Fax Number: (415) 749-5082		
*Email: EStevenson@baaqmd.gov					



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:

66.034

CFDA Title:

*12. Funding Opportunity Number:

*Title:

National Ambient Toxics Trends Stations (NATTS) Program

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties covered by the Bay Area Air Quality Management District

*15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project: 09-285

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

See Attachment

17. Proposed Project:

*a. Start Date: 6/30/2011

*b. End Date: 7/1/2012

18. Estimated Funding (\$):

*a. Federal \$155,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$155,000.00

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
- 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: Jack

Middle Name:

*Last Name: Colbourn

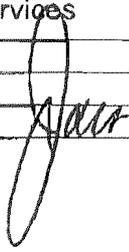
Suffix:

*Title: Director of Administrative Services

*Telephone Number: (415) 749-5192

Fax Number:

*Email: JColbourn@baaqmd.gov

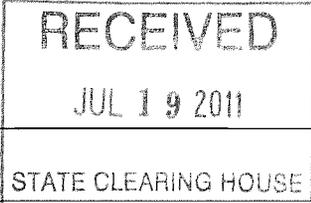
*Signature of Authorized Representative: 

Date Signed: 5/16/2011

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): <input type="checkbox"/> * Other (Specify)
--	--	---



*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: Geothermal Resource Group, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 88-0403681	*c. Organizational DUNS: 807909577

d. Address:

*Street1: 75145 St. Charles Place
 Street 2:
 *City: Palm Desert
 County: Riverside
 *State: California
 Province:
 Country: USA *Zip/ Postal Code: 92211

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: Alan
Middle Name: Keith	
*Last Name: Bailey	
Suffix:	
Title: Engineering Manager	
Organizational Affiliation:	

*Telephone Number: 760-341-0186	Fax Number: 760-341-9673
*Email: alanbailey@geothermalres.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: R. Small Business

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:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.807

CFDA Title:

Geothermal Technology Advancement for
Rapid Development of Resources in the U.S

*12. Funding Opportunity Number: DE-FOA-0000522

*Title: Geothermal Technology Advancement for Rapid Development of Resources in the U.S.

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Using Lean and Extra Lean Casing Designs to Lower Drilling Costs and Improve Well Performance in Geothermal Applications

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-045

*b. Program/Project: CA-045

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

CA-045

17. Proposed Project:

*a. Start Date: October 3, 2011

*b. End Date: January 20, 2012

18. Estimated Funding (\$):

*a. Federal \$225,000.00

*b. Applicant \$57,000.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$282,000.00

*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

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:

*Last Name: Rickard

Suffix:

*Title: President

*Telephone Number: 760-341-0186

Fax Number:

*Email: billrickard@geothermalresourcegroup.com

*Signature of Authorized Representative:

Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/27/2011	applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198031
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-

5. APPLICANT INFORMATION

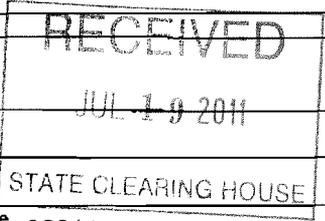
Legal Name: State of California

Organizational DUNS: 808322358

Address: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: California Zip Code: 95811
Country: USA

Organizational Unit: Department of Fish and Game
Division: Grants Management Branch (GMB)

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: Salazar
Suffix:
Email: bsalazar@dfg.ca.gov



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

Phone Number (give area code): (916) 323-6201
Fax Number (give area code): (916) 327-6320

8. TYPE OF APPLICATION: New Continuation Revision

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-634

TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Survival, movements, habitat use, and nest success of translocated and resident greater sage-grouse at Clear Lake National Wildlife Refuge (CLNWR)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Clear Lake National Wildlife Refuge, Modoc County

13. PROPOSED PROJECT
Start Date: 08/01/2011 Ending Date: 12/31/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 5, 4 b. Project 4

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 64,800	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 52,620	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 117,420		

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 Blaine Middle Name
Last Name Nickens Suffix

b. Title Chief, Grants Management Branch

c. Telephone Number (give area code) (916) 445-9300

d. Signature of Authorized Representative *Blaine Nickens*

e. Date Signed 6/27/2011

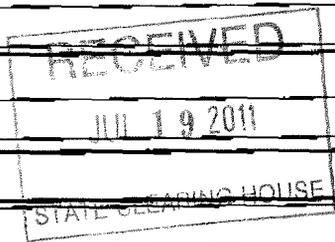
OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Continuation	* Other (Specify):
		<input type="checkbox"/> Revision	

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
NRCS Agreement No. 65-9104-1-863	



State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name:	Northwest California Resource Conservation & Development Council	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	68-0396859	
* c. Organizational DUNS:	136 722 910	

d. Address:

* Street1:	P. O. Box 2183
Street2:	140 S. Miner Street
* City:	Weaverville
County/Parish:	Trinity County
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	96093-2183

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:	PATRICK
Middle Name:		
* Last Name:	TRUMAN	
Suffix:		
Title:	COUNCIL REPRESENTATIVE	

Organizational Affiliation:

Northwest California Resource Conservation & Development Council

* Telephone Number:	530-623-6240	Fax Number:	N/A
---------------------	--------------	-------------	-----

* Email: truman@effnet.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-Profit-501(c)(3)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resources Conservation Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental quality Incentive program (EQIP), 16 USC3839aa-3839aa-9

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

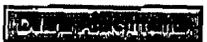
Trinity County



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

Cooperative Agreement between the Northwest California Resource Conservation & Development Council and the Natural Resources Conservation Service, USDA to Accelerate Implementation of USDA Farm Bill Programs

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant * b. Program/Project

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$25,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$25,000.00"/>

* 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

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 in attachment.)

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

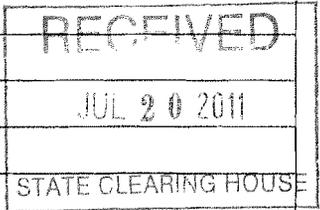
OMB Approved No. 3076-0006

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Housing Coalition	Organizational Unit: Department:
Organizational DUNS: 61-328-1070	Division:
Address: Street: 45701 Monroe St., Ste. G	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: John
City: Indio	Middle Name: F.
County: Riverside	Last Name: Mealey
State: CA Zip Code: 92201	Suffix:
Country: USA: United States	Email: john.mealey@cvhc.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-3814898

Phone Number (give area code): (760) 347-3157	Fax Number (give area code): (760) 342-6466
---	---

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 Organization
 Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE (Name of Program): Farm Labor Housing Loan & Grant & Rural Rental Assistance Payments
 10-427

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Paseo de los Heroes III is an 80 unit farmworker housing development and one managers unit. Unit mix consists of: 16 - 2 bd./1 ba, 53 - 3 bd./2 ba., 11 - 4 bd./2 ba. and one 3 bd. managers unit. Amenities will include a community room, computer lab, fitness room, walking track, tot lots & sports court.

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

13. PROPOSED PROJECT
 Start Date: November 15, 2012 Ending Date: January 15, 2014

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 45th b. Project 45th

15. ESTIMATED FUNDING:

a. Federal	\$	3,000,000 ⁰⁰
b. Applicant	\$	350,000 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	1,500,000 ⁰⁰
e. Other	\$	17,107,238 ⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	21,957,238 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/20/2011
 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.

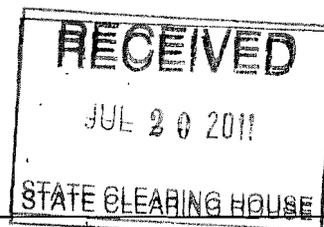
a. Authorized Representative

Prefix	First Name: Pedro	Middle Name: S.G.
Last Name: Rodriguez	Suffix:	
b. Title: Chief Financial Officer	c. Telephone Number (give area code): (760) 347-3157	
d. Signature of Authorized Representative	e. Date Signed: 07/20/11	

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier: Region 9 Tracking # 11-393		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Bay Area Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746		*c. Organizational DUNS: 078781416	
d. Address:			
*Street1: 939 Ellis Street			
Street 2:			
*City: San Francisco			
County:			
*State: CA			
Province:			
Country: USA		*Zip/ Postal Code: 94109	
e. Organizational Unit:			
Department Name: Ambient Air Monitoring		Division Name: Technical Services	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Eric	
Middle Name: David			
*Last Name: Stevenson			
Suffix:			
Title: Director of Technical Services			
Organizational Affiliation:			
*Telephone Number: 415-749-4695		Fax Number: 415-749-5082	
*Email: estevenson@baaqmd.gov			



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:

66.034

CFDA Title:

*12. Funding Opportunity Number:

*Title:

Airport Lead Monitoring

13. Competition Identification Number:

Title:

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

San Mateo and Santa Clara Counties

*15. Descriptive Title of Applicant's Project:

One Year Airport Lead Monitoring Study to Assess Ambient Concentrations Relative to the NAAQS**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

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

See Attached

17. Proposed Project:

*a. Start Date: 12/27/2011

*b. End Date: 1/1/2013

18. Estimated Funding (\$):

*a. Federal \$272,364.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$272,364.00

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

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Jack

Middle Name:

*Last Name: Colbourn

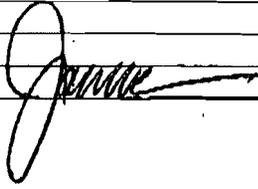
Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192

Fax Number: 415-749-5111

*Email: colbourn@baaqmd.gov

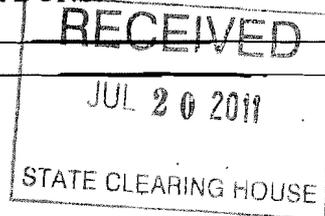
*Signature of Authorized Representative: 

Date Signed: 7/18/2011

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: Region 9 Tracking # 11-329			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Bay Area Air Quality Management District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746			*c. Organizational DUNS: 078781416		
d. Address:					
*Street1: 939 Ellis Street					
Street 2:					
*City: San Francisco					
County:					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 94109					
e. Organizational Unit:					
Department Name: Ambient Air Monitoring			Division Name: Technical Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Eric			
Middle Name: David					
*Last Name: Stevenson					
Suffix:					
Title: Director of Technical Services					
Organizational Affiliation:					
*Telephone Number: 415-749-4695			Fax Number: 415-749-5082		
*Email: estevenson@baaqmd.gov					



OMB Number: 4040-0004
Expiration Date: 04/31/2012**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:

66.034

CFDA Title:

*12. Funding Opportunity Number:

*Title:

PM2.5 Monitoring Program

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

*15. Descriptive Title of Applicant's Project:

Measurement of Particulate Matter 2.5 microns or less (PM2.5) to determine progress toward National Ambient Air Quality (NAAQS) achievement.**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

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

See Attached

17. Proposed Project:

*a. Start Date: 04/01/2011

*b. End Date: 3/31/2012

18. Estimated Funding (\$):

*a. Federal	\$329,815.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$329,815.00

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

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

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

Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Jack

Middle Name:

*Last Name: Colbourn

Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192

Fax Number: 415-749-5111

*Email: jcolbourn@baagmd.gov

*Signature of Authorized Representative:

Date Signed: 7/7/11

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/20/2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198042
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: California Department of Fish and Game	
Organizational DUNS: 808322358	RECEIVED JUL 20 2011 STATE CLEARING HOUSE	Division: Grants Management Branch	
Address: Street: 1831 9th Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Khanh	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Nguyen	
State: CA	Zip Code 95811	Suffix:	
Country: USA		Email: kcnguyen@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3525	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 15-605		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enhanced Fall-run Chinook Salmon and Steelhead Conservation & Management	
13. PROPOSED PROJECT Start Date: 07/20/2011 Ending Date: 06/30/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 99	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 888,916.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/20/2011	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 296,305.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 1,185,221.00	a. Authorized Representative	
		Prefix Mr.	First Name Blaine
		Middle Name	
		Last Name Nickens	
		Suffix	
		b. Title Chief, Grants Management Branch	
		c. Telephone Number (give area code) (916) 445-9300	
		d. Signature of Authorized Representative	
		e. Date Signed	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

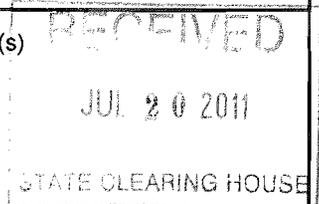
- Preapplication
 Application
 Changed/Corrected Application

*2. Type of Application

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s)

*Other (Specify)



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

11-9706-1809-CA CSF

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture

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

68-0325104

*c. Organizational DUNS:

807-487-665

d. Address:

*Street 1: 1220 N Street

Street 2: _____

*City: Sacramento Place: 64000

County: Sacramento County:067

*State: CA 06

Province: _____

*Country: USA GSA:3150

*Zip / Postal Code 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: Dr. *First Name: Hector

Middle Name: _____

*Last Name: Webster

Suffix: _____

Title: Research Program Specialist II

Organizational Affiliation:

None

*Telephone Number: (916) 657-5041

Fax Number: (916) 653-2215

*Email: hector.webster@cdfa.ca.gov

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:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease _____

CFDA Title:

Classical Swine Fever _____

***12 Funding Opportunity Number:**

10-025 _____

*Title:

Plant Pest and Animal Disease _____

13. Competition Identification Number:Title:
_____**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Entire State of California (06)

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

Classical Swine Fever

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 05

*b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: 4/1/11

*b. End Date: 3/31/12

18. Estimated Funding (\$):

*a. Federal	_____	38,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	11,733
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	49,733

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Kathy _____

Middle Name: _____

*Last Name: Alameda _____

Suffix: _____

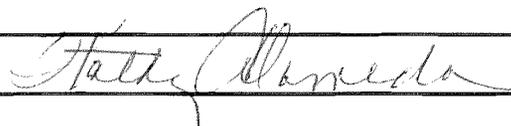
*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888

Fax Number: -

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative:



*Date Signed:

7/13/11

Application for Federal Assistance SF-424 Version 02

<p>*1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application *If Revision, select appropriate letter(s):</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation * Other (Specify)</p> <p><input type="checkbox"/> Revision</p>
--	---

***3. Date Received:** _____ **4. Application Identifier:**
Grant Letter Tracking Number 11-401

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:** City of San Bernardino Municipal Water Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000771	*c. Organizational DUNS: 07-4983024
--	---

d. Address:

<p>*Street 1: P.O. Box 710</p> <p>Street 2:</p> <p>*City: San Bernardino</p> <p>County: San Bernardino</p> <p>*State: California</p> <p>Province:</p> <p>Country: United States</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUL 20 2011</p> <p>STATE CLEARING HOUSE</p> </div> <p>*Zip/ Postal Code: 92402</p>
--	--

e. Organizational Unit:

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

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

Prefix: Mr. **First Name:** Matthew

Title Name: _____

***Last Name:** Litchfield

Suffix:

Title: Director of Water Utilities

Organizational Affiliation:

***Telephone Number:** (909) 384-5107 **Fax Number:** (909) 384-5532

***Email:** Litchfield Ma@sbcity.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: C. City or Township 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:

66-802

CFDA Title:

Superfund Support Agency Cooperative Agreement

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

City of San Bernardino, San Bernardino County, California

*15. Descriptive Title of Applicant's Project:

This project is to update a groundwater model developed as a tool to implement the Institutional Controls program to protect the remedy on the Newmark Groundwater Contamination Superfund Site. The Consent Decree (2005) between the U.S. Government, California DTSC and the City of San Bernardino Municipal Water Department required the Water Department to operate, maintain and protect the remedy.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-040 and CA-042

*b. Program/Project: CA-040 and CA-042

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

17. Proposed Project:

*a. Start Date: October 3, 2011

*b. End Date: March 29, 2013

18. Estimated Funding (\$):

*a. Federal \$1,422,756.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,422,756.00

*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 7/14/2011

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: Stacey

Middle Name: R

*Last Name: Aldstadt

Suffix:

*Title: General Manager

*Telephone Number: (909) 387-5091

Fax Number: (909) 384-5532

*Email: Aldstadt St@sbcity.org

*Signature of Authorized Representative: *Stacey Aldstadt*

Date Signed: 7/14/2011

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 22 2011 STATE CLEARING HOUSE </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Stephen R Bakken		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 60-0303606	*c. Organizational DUNS: 17-2070807	
d. Address:		
*Street 1:	<u>1416 9th Street</u>	
Street 2:	<u>Room 923</u>	
*City:	<u>Sacramento</u>	
County:	<u>Sacramento</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95814</u>	
e. Organizational Unit:		
Department Name: California Department of Parks and Recreation	Division Name: Natural Resources Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr</u>	*First Name: <u>Stephen</u>	
Middle Name: <u>Richard</u>		
*Last Name: <u>Bakken</u>		
Suffix: _____		
Title: <u>Forester II</u>		
Organizational Affiliation: Employee in Natural Resources Division of California Dept of Parks & Recreation		
*Telephone Number: 916-654-9934	Fax Number: 916-657-3355	
*Email: sbakk@parks.ca.gov		

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:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Forest Health Protection

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

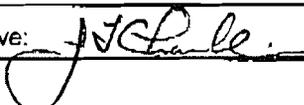
Title:

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

Sacramento City, Santa Cruz County, El Dorado County, Placer County

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

Firewood Utilization by California State Parks Overnight Visitors

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-005	*b. Program/Project: CA-004, CA 017	
17. Proposed Project:		
*a. Start Date: January 1, 2012	*b. End Date: December 2014	
18. Estimated Funding (\$):		
*a. Federal	_____	\$90,000
*b. Applicant	_____	
*c. State	_____	\$90,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$180,000
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7-22-2011</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: Jay _____
Middle Name: T	_____	
*Last Name: Chamberlin	_____	
Suffix: _____		
*Title: Chief, Natural Resources Division		
*Telephone Number: 916-653-9542	Fax Number: 916-657-3355	
* Email: jchamberlin@parks.ca.gov		
*Signature of Authorized Representative: 	*Date Signed: 7.22.2011	

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> </p>		
<p>* 3. Date Received: Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: Los Angeles Conservation Corps</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4002138</p>		<p>* c. Organizational DUNS: 161929122</p>
<p>d. Address:</p>		
<p>* Street1: 605 W. Olympic Boulevard, Suite 450</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: Los Angeles</p>		
<p>County: Los Angeles</p>		
<p>* State: CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: USA: UNITED STATES</p>		
<p>* Zip / Postal Code: 90015</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: Young Adult Corps</p>		<p>Division Name: Division of Conservation</p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: Mr.</p>		<p>* First Name: Bo</p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: Savage</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: Division Director of Conservation Programs</p>		
<p>Organizational Affiliation: Los Angeles Conservation Corps</p>		
<p>* Telephone Number: 213-362-9000, ext. 238</p>		<p>Fax Number: 213-362-7929</p>
<p>* Email: bsavage@lacorps.org</p>		

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JUL 22 2011

STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2008

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.225

CFDA Title:

Recreation Resource Management

*** 12. Funding Opportunity Number:**

E11AS00128

*** Title:**

BLM California Public Service Youth Conservation Teams (15.225 RRM)

13. Competition Identification Number:

Title:

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

State of California

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

Los Angeles Conservation Corps' collaboration with National Forest Association Inland Empire Urban Conservation Corps and Conservation Corps North Bay on the BLM Public Service Youth Cons. Team.

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	<input type="text" value="CA-34"/>	* b. Program/Project <input type="text" value="CA-A11"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text" value="11-12 BLM Youth Corps Teams"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10/01/2011"/>	* b. End Date: <input type="text" value="09/30/2011"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,769,020.00"/>	
* b. Applicant	<input type="text" value="462,783.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="2,231,803.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="07/22/2011"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="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)		
<input checked="" type="checkbox"/> ** 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:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Bruce"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Saito"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director"/>	
* Telephone Number:	<input type="text" value="213-362-9000"/>	Fax Number: <input type="text" value="213-362-7950"/>
* Email:	<input type="text" value="bsaito@lacorps.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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:

RECEIVED

JUL 25 2011

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: TreePeople

*b. Employer/Taxpayer Identification Number (EIN/TIN):
23-7314838

*c. Organizational DUNS:
097463004

d. Address:

*Street 1: 12601 Mulholland Drive
Street 2: _____
*City: Beverly Hills
County: _____
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 90210

e. Organizational Unit:

Department Name:
Forestry Department

Division Name:

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

Prefix: Ms. *First Name: Dede
Middle Name: _____
*Last Name: Devlin
Suffix: _____

Title: Grants Manager

Organizational Affiliation:

*Telephone Number: (818) 623-4888

Fax Number: (818) 753-4635

*Email: ddevlin@treepeople.org

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:**

USDA Forest Service Pacific Southwest Region

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban & Community Forestry

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County and City of Los Angeles, focused on the Northeast San Fernando Valley, including parts of LA. City Council Districts 6 and 7 and County Supervisorial District 3, and South Los Angeles, including portions of LA. City Council Districts 8, 9 and 10 and portions of County Supervisorial District 2. Communities we will work in include Inglewood, Leimert Park, Compton, Central-Alameda, Huntington Park, Pacoima, and Sun Valley.

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

Urban Forestry Regional Initiative

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

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

04/21/11

2b. APPLICATION ID:

11SC127860

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY:

04/21/11

1. TYPE OF SUBMISSION:

Application Non-Construction

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER:

11SCPCA005

5. APPLICATION INFORMATION

LEGAL NAME: Catholic Charities of San Diego

DUNS NUMBER: 066747561

ADDRESS (give street address, city, state, zip code and county):

349 Cedar St
San Diego CA 92101 - 3112
County: San Diego

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

NAME: Sharin L. Yelman
TELEPHONE NUMBER: (619) 231-2828
FAX NUMBER: (619) 234-2272
INTERNET E-MAIL ADDRESS: syelman@ccdsd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

237934012

8. TYPE OF APPLICATION (Check appropriate box).

NEW NEW/PREVIOUS GRANTEE
 CONTINUATION AMENDMENT

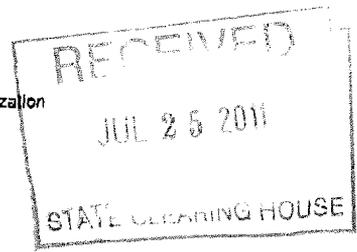
If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

7. TYPE OF APPLICANT:

7a. Non-Profit
7b. Community-Based Organization
Health-based organization
Local Affiliate of National Organization



9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.016

10b. TITLE: Senior Companion Program

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

Imperial County, California

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

SCP of Imperial County

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

13. PROPOSED PROJECT: START DATE: 07/01/11 END DATE: 06/30/14

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 26,443.00
b. APPLICANT	\$ 44,094.00
c. STATE	\$ 0.00
d. LOCAL	\$ 10,440.00
e. OTHER	\$ 33,472.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 70,637.00

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 053 b.Program CA 053

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

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

DATE: 01-JUL-11

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

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:

Raymonda Duvall

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

619-231-2828

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

a. DATE SIGNED:

04/21/11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198044
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-

5. APPLICANT INFORMATION

Legal Name: State of California

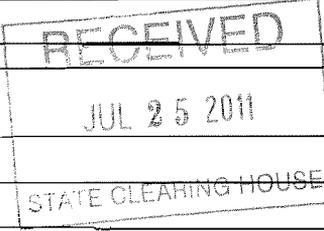
Organizational DUNS: 808322358

Address: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: CA Zip Code: 95811

Country:

Organizational Unit: CA Dept. of Fish and Game
Division: Grants Management Branch

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: First Name: Pete
Middle Name:
Last Name: Marcellana
Suffix:
Email: pmarcellana@dfg.ca.gov



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

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State
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:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-605

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Region 4 (R4) SJR Fall-Run Chinook Salmon Population Simulation Model Refinement (Contract)

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

13. PROPOSED PROJECT
Start Date: 07/01/2011 Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project 99

15. ESTIMATED FUNDING:

a. Federal	\$	182,745
b. Applicant	\$	
c. State	\$	60,915
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	243,660

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.

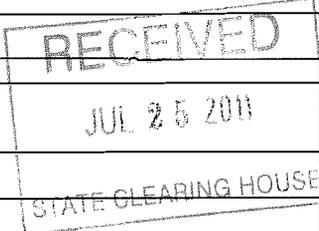
a. Authorized Representative

Prefix: First Name: Blaine Middle Name:
Last Name: Nickens Suffix:
b. Title: Chief, Grants Management Branch c. Telephone Number (give area code):
d. Signature of Authorized Representative: [Signature] e. Date Signed: 7-22-11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

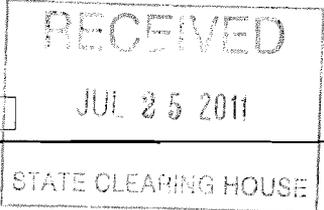
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198046
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: CA Dept. of Fish and Game	
Organizational DUNS: 808322358		Division: Grants Management Branch	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1831 Ninth Street		Prefix:	First Name: Pete
City: Sacramento		Middle Name	
County: Sacramento		Last Name: Marcellana	
State: CA	Zip Code: 95811	Suffix:	
Country:		Email: pmarcellana@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-4658	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Region 4 (R4) San Joaquin River Basin Fall-Run Chinook Salmon Telemetry and Physiology Study	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 99	
13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2013		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 347,236		
b. Applicant	\$		
c. State	\$ 115,746		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 462,981		
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: Blaine	Middle Name	
Last Name: Nickens		Suffix	
b. Title: Chief, Grants Management Branch		c. Telephone Number (give area code)	
d. Signature of Authorized Representative		e. Date Signed: 7-22-11	



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: Oxnard Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>(not yet received)</u>	* c. Organizational DUNS: <u>(not yet received)</u>
--	--

d. Address:

* Street 1: 3351 "M" Street, Suite 100
Street 2: _____
* City: Merced
County: Merced
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95348

e. Organizational Unit:

Department Name: <u>California Limited Partnership</u>	Division Name: _____
---	-------------------------

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

Prefix: _____ * First Name: Marqo
Middle Name: E.
* Last Name: Swedberg
Suffix: _____

Title: Owner/Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: (530) 823-9250 Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Oxnard, Ventura County, California

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

Colonial House Apartments: a 44-unit farm labor housing complex; consisting of 8/1-bdrm, 16/2-bdrm, 12/3-bdrm, 8/4-bedrm units, and a community building - to be located at 705 North Oxnard Blvd. in Oxnard, Ventura County, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>	USDA-RD FLH-514/516 funding
* b. Applicant	<input type="text" value="\$1,200,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$6,438,187.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$4,200,000.00"/>	City of Oxnard / RDA Funds
* e. Other	<input type="text" value="\$3,900,000.00"/>	Conventional Loan
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$17,738,187.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)
* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update		* 2. Date Received: Completed by Grants.gov upon submission.
* 3. Applicant Identifier: Monterey-Salinas Transit		STATE USE ONLY: 5. Date Received by State:
4a. Federal Entity Identifier: 942222398		6. State Application Identifier:
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:		4b. Federal Award Identifier: FTA-2011-017-SGR
7. APPLICANT INFORMATION:		
* a. Legal Name: Monterey-Salinas Transit		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942222398		* c. Organizational DUNS: 073957813
d. Address:		
* Street1: One Ryan Ranch Road		Street2: STATE CLEANING HOUSE
* City: Monterey		County:
* State: CA: California		Province:
* Country: USA: UNITED STATES		* Zip / Postal Code: 93940
e. Organizational Unit:		
Department Name: Finance & Administration		Division Name:
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Ms.	* First Name: Michelle	Middle Name:
* Last Name: Overmeyer		Suffix:
Title: Grants and Compliance Analyst		
Organizational Affiliation: Monterey-Salinas Transit		
* Telephone Number: (831) 393-8131		Fax Number: (831) 899-3954
* Email: movermeyer@mst.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY*** 8a. TYPE OF APPLICANT:**
 Other (specify)
*** Other (specify):**

Local Government (public transit agency)

b. Additional Description:*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

Monterey County, California

12. CONGRESSIONAL DISTRICTS OF:*** a. Applicant:**

17

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:**a. Start Date:**

10/01/2011

b. End Date:

09/30/2013

14. ESTIMATED FUNDING:*** a. Federal (\$):**

2,000,000.00

b. Match (\$):

500,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**
 a. This submission was made available to the State under the Executive Order 12372 Process for review on:

07/25/2011

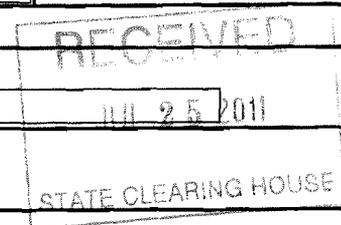
 b. Program is subject to E.O. 12372 but has not been selected by State for review.

 c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
<p>* 16. Is The Applicant Delinquent On Any Federal Debt?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/></p>		
<p>17. 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)</p> <p>** I Agree <input checked="" type="checkbox"/></p> <p>** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Carl"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Sedoryk"/>		
Suffix: <input type="text"/>	* Title: <input type="text" value="General Manager/CEO"/>	
Organizational Affiliation: <input type="text" value="Monterey-Salinas Transit"/>		
* Telephone Number: <input type="text" value="(831) 393-8123"/>		
* Fax Number: <input type="text" value="(831) 899-3954"/>		
* Email: <input type="text" value="csedoryk@msf.org"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>		
* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>		

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1	
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)	
* 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:
		3. Applicant Identifier: Monterey-Salinas Transit	5. Date Received by State: <input type="text"/>
		4a. Federal Entity Identifier: 942222398	6. State Application Identifier: <input type="text"/>
		4b. Federal Award Identifier: FTA-2011-020-BLV	
7. APPLICANT INFORMATION:			
* a. Legal Name: Monterey-Salinas Transit			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942222398		* c. Organizational DUNS: 073957813	
d. Address:			
* Street1: One Ryan Ranch Road		Street2: <input type="text"/>	
* City: Monterey		County: <input type="text"/>	
* State: CA: California		Province: <input type="text"/>	
* Country: USA: UNITED STATES		* Zip / Postal Code: 93940	
e. Organizational Unit:			
Department Name: Finance & Administration		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Ms.	* First Name: Michelle	Middle Name: <input type="text"/>	
* Last Name: Overmeyer		Suffix: <input type="text"/>	
Title: Grants and Compliance Analyst			
Organizational Affiliation: Monterey-Salinas Transit			
* Telephone Number: (831) 393-8131		Fax Number: (831) 899-3954	
* Email: movermeyer@mst.org			



OMB Number: 4040-0002
Expiration Date: 08/31/2008**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

*** 8a. TYPE OF APPLICANT:**

X: Other (specify)

*** Other (specify):**

Local Government (public transit agency)

b. Additional Description:*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

Monterey County, California

12. CONGRESSIONAL DISTRICTS OF:*** a. Applicant:**

17

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:**a. Start Date:**

10/01/2011

b. End Date:

09/30/2013

14. ESTIMATED FUNDING:*** a. Federal (\$):**

11,500,000.00

b. Match (\$):

2,875,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?** a. This submission was made available to the State under the Executive Order 12372 Process for review on:

07/25/2011

 b. Program is subject to E.O. 12372 but has not been selected by State for review. c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
---	---	---

* 3. Date Received: _____	4. Applicant Identifier: _____	RECEIVED JUL 26 2011 STATE CLEARING HOUSE
-------------------------------------	--	--

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

State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: Williams Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)	* c. Organizational DUNS: (not yet received)
--	--

d. Address:	
* Street 1:	430 East State Street, Suite 100
Street 2:	_____
* City:	Eagle
County:	Ada
* State:	Idaho
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	83616

e. Organizational Unit:	
Department Name: California Limited Partnership	Division Name: _____

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Margo
Middle Name: E.	
* Last Name: Swedberg	
Suffix: _____	
Title: Owner/Consultant	
Organizational Affiliation: Gar-Mar Associates	
* Telephone Number: (530) 823-9250	Fax Number: (530) 823-2169
* Email: garmar@ncbb.net	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Williams, Colusa County, California

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

Williams Senior Apartments: a 48-unit senior citizens apartment complex;consisting of 38/1-bdrm units, 10/2-bedrm units, and community building - to be located Southeast of E Street & West of Husted Road in Williams, Colusa County, CA.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$900,000.00"/>	USDA-RD RRH-515 funding
* b. Applicant	<input type="text" value="\$339,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$3,000,000.00"/>	City of Williams / HOME Funds
* d. Local	<input type="text"/>	
* e. Other	<input type="text" value="\$6,318,358.00"/>	Tax Credit Equity
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$10,557,358.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: <u>Oxnard Pacific Associates, a California Limited Partnership</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>(not yet received)</u>	* c. Organizational DUNS: <u>(not yet received)</u>

d. Address:

* Street 1: <u>3351 "M" Street, Suite 100</u>
Street 2: _____
* City: <u>Merced</u>
County: <u>Merced</u>
* State: <u>California</u>
Province: _____
* Country: <u>USA: UNITED STATES</u>
* Zip / Postal Code: <u>95348</u>

e. Organizational Unit:

Department Name: <u>California Limited Partnership</u>	Division Name: _____
--	----------------------

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

Prefix: _____	* First Name: <u>Margo</u>
Middle Name: <u>E.</u>	
* Last Name: <u>Swedberg</u>	
Suffix: _____	
Title: <u>Owner/Consultant</u>	
Organizational Affiliation: <u>Gar-Mar Associates</u>	
* Telephone Number: <u>(530) 823-9250</u>	Fax Number: <u>(530) 823-2169</u>
* Email: <u>garmar@ncbb.net</u>	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

*** 10. Name of Federal 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:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>	USDA-RD FLH-514/516 funding
* b. Applicant	<input type="text" value="\$1,200,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$6,438,187.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$4,200,000.00"/>	City of Oxnard / RDA Funds
* e. Other	<input type="text" value="\$3,900,000.00"/>	Conventional Loan
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$17,738,187.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify):

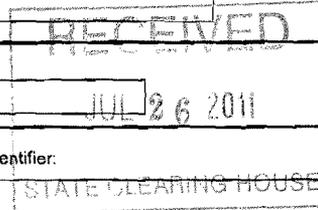
[Empty box]

* 3. Date Received:

Completed by Grants.gov upon submission

4. Applicant Identifier:

[Empty box]



5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name:

University Enterprises, Inc. on behalf of CSU Sacramento

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

94-1337638

* c. Organizational DUNS:

0290317960000

d. Address:

* Street1:

6000 J Street

Street2:

[Empty box]

* City:

Sacramento

County/Parish:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95819-6111

e. Organizational Unit:

Department Name:

Geography

Division Name:

Natural Sciences & Math

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

Prefix:

Dr.

* First Name:

Mathew

Middle Name:

[Empty box]

* Last Name:

Schmidtlein

Suffix:

[Empty box]

Title:

Assistant Professor

Organizational Affiliation:

CSU Sacramento

* Telephone Number:

916-278-7581

Fax Number:

[Empty box]

* Email:

schmidmc@saclink.csus.edu

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<input checked="" type="checkbox"/> Other (specify)		
Type of Applicant 2: Select Applicant Type:		
<input type="checkbox"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="checkbox"/>		
* Other (specify):		
<input type="text" value="CSUS 501c3 nonprofit auxiliary"/>		
* 10. Name of Federal Agency:		
<input type="text" value="U. S. Geological Survey"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="15.808"/>		
CFDA Title:		
<input type="text" value="U.S. Geological Survey_ Research and Data Collection"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="11WRPA1000"/>		
* Title:		
<input type="text" value="USGS Non-Competitive Assistance FY 2011 - Western Region"/>		
13. Competition Identification Number:		
<input type="text" value="11WRPA1000"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="Tsunami Pedestrian Evacuation Analysis"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

b. Program/Project CA-005

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2011

* b. End Date: 10/31/2011

18. Estimated Funding (\$):

* a. Federal	19,537.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	19,537.00

* 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 07/26/2011.
- 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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: DavidMiddle Name:

* Last Name: Earwicker

Suffix:

* Title: Assistant Vice President

* Telephone Number: 916-278-3658 Fax Number: 916-278-6163

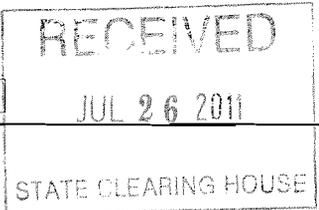
* Email: david.earwicker@csus.edu

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: Oxnard Pacific Associates, a California Limited Partnership	
* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)	* c. Organizational DUNS: (not yet received)

d. Address:

* Street 1: 3351 "M" Street, Suite 100
Street 2: _____
* City: Merced
County: Merced
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95348

e. Organizational Unit:

Department Name: California Limited Partnership	Division Name: _____
---	----------------------

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

Prefix: _____	* First Name: Margo
Middle Name: E.	
* Last Name: Swedberg	
Suffix: _____	
Title: Owner/Consultant	
Organizational Affiliation: Gar-Mar Associates	
* Telephone Number: (530) 823-9250	Fax Number: (530) 823-2169
* Email: garmar@ncbb.net	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Oxnard, Ventura County, California

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

Colonial House Apartments: a 44-unit farm labor housing complex; consisting of 8/1-bdrm, 16/2-bdrm, 12/3-bdrm, 8/4-bedrm units, and a community building - to be located at 705 North Oxnard Blvd. in Oxnard, Ventura County, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>	USDA-RD FLH-514/516 funding
* b. Applicant	<input type="text" value="\$1,200,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$6,438,187.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$4,200,000.00"/>	City of Oxnard / RDA Funds
* e. Other	<input type="text" value="\$3,900,000.00"/>	Conventional Loan
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$17,738,187.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

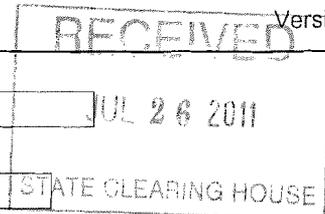
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

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

Application for Federal Assistance 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:
07/22/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

B. APPLICANT INFORMATION:

* a. Legal Name: Fresno Area Hispanic Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
75-3129705

* c. Organizational DUNS:
138285791

d. Address:

* Street1: 1444 Fulton Street

Street2: _____

* City: Fresno

County: Fresno County

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 93721

e. Organizational Unit:

Department Name:
Business Development and Trng

Division Name:

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

Prefix: Mrs. * First Name: Dora C.

Middle Name: _____

* Last Name: Westerlund

Suffix: _____

Title: President/CEO

Organizational Affiliation:
Fresno Area Hispanic Foundation

* Telephone Number: 559-222-8705

Fax Number: 559-222-8706

* Email: dwesterlund@fahcc.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

10.771

CFDA Title:

Rural Cooperative Development Grants

*** 12. Funding Opportunity Number:**

RDBCP-11-01-RCDG

*** Title:**

Rural Cooperative Development Grant

13. Competition Identification Number:

Title:

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

Firebaugh, California
San Joaquin, California
Parlier, California
11 cities in Fresno County

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

"Central Valley Rural Business Centers"

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="195,000.00"/>
* b. Applicant	<input type="text" value="65,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="260,000.00"/>

* 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
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input checked="" type="checkbox"/> Other * Other (specify) Proposal-FTA-2011-017-SGR		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: 07/26/2011	STATE USE ONLY:		
		3. Applicant Identifier:	5. Date Received by State:		
		4a. Federal Entity Identifier: 1690	6. State Application Identifier:		
		4b. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUL 26 2011</p> <p>STATE CLEARING HOUSE</p> </div>		
1.c. Consolidated Application/Plan/Funding Request? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explanation:					
7. APPLICANT INFORMATION:					
* a. Legal Name: North County Transit District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-300-9680			* c. Organizational DUNS: 020518361		
d. Address:					
* Street1: 810 Mission Avenue			Street2:		
* City: Oceanside			County: San Diego		
* State: CA: California			Province:		
* Country: USA: UNITED STATES			* Zip / Postal Code: 92054		
e. Organizational Unit:					
Department Name: Management Accounting			Division Name: Grants		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Ms.	* First Name: Heidi		Middle Name: L.		
* Last Name: Rockey			Suffix:		
Title: Grant Specialist					
Organizational Affiliation: North County Transit District					
* Telephone Number: 760-966-6560			Fax Number: 760-967-0941		
* Email: hrockey@nctd.org					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

Other (specify)

*** Other (specify):**

Local Government - Public Transit Agency

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20 500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

San Diego

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-49

b. Program/Project:

CA-49

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

Additional Congressional Dis

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

11/01/2011

b. End Date:

12/31/2011

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

11,554,661.00

b. Match (\$):

2,366,617.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/26/2011

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

**APPLICATION FOR
FEDERAL ASSISTANCE**

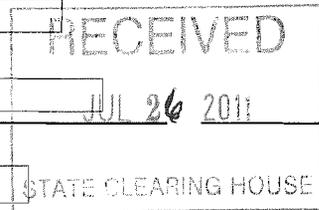
Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 27, 2011	Applicant Identifier Dept. of Food and Agriculture	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE June 26, 2011	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1317-CA	
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services		
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: JUL 26 2011	First Name: Scott	
County: Sacramento		Middle Name		
State: California		Last Name: Okimura		
Zip Code: 95814		Suffix:		
Country: United States		Email: sokimura@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-1211		Fax Number (give area code) (916) 654-0555
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: European Grapevine Moth (EGVM) survey in California		
13. PROPOSED PROJECT Start Date: January 1, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1		
Ending Date: December 31, 2011		b. Project EGVM Survey		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ -28,272.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 26, 2011		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ -28,272.00	a. Authorized Representative		
Prefix		First Name Kathy		Middle Name
Last Name Alameda		Suffix		
b. Title Manager, Federal Funds Management Unit		c. Telephone Number (give area code) (916) 651-9888		
d. Signature of Authorized Representative		e. Date Signed		

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: King City Pacific Associates, a California Limited Partnership	
* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)	* c. Organizational DUNS: (not yet received)

d. Address:

* Street 1: 430 East State Street, Suite 100
Street 2: _____
* City: Eagle
County: Ada
* State: Idaho
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership	Division Name: _____
---	----------------------

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

Prefix: _____	* First Name: Margo
Middle Name: E.	
* Last Name: Swedberg	
Suffix: _____	

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates
--

* Telephone Number: (530) 823-9250	Fax Number: (530) 823-2169
------------------------------------	----------------------------

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

King City, Monterey County, California

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

San Antonio Apartments: a 57-unit multi-family apartment complex; consisting of 24/1-bdrm units, 16/2-bdrm units, 17/3-bedrm units, and community building - to be located on San Antonio Drive in King City, Monterey County, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant ID-001

* b. Program/Project CA-017

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2012

* b. End Date: 10-01-2013

18. Estimated Funding (\$):

* a. Federal	\$900,000.00	USDA-RD RRH-515 funding
* b. Applicant	\$253,500.00	Deferred Developer's Fee
* c. State	\$3,000,000.00	City of King City / HOME Funds
* d. Local	\$1,100,000.00	Permanent Lender / Conventional Loan
* e. Other	\$8,091,140.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	\$13,344,640.00	Total Development Cost

* 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 07-27-2011.
- 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: * First Name: Caleb
Middle Name: J.
* Last Name: Roope
Suffix:

* Title: Development Consultant

* Telephone Number: (208) 461-0022 Fax Number: (208) 461-3267

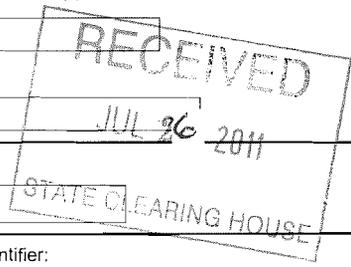
* Email: calebr@tpchousing.com

* Signature of Authorized Representative:  * Date Signed: 07-26-2011

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
--	--	---



* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(not yet received)"/>	* c. Organizational DUNS: <input type="text" value="(not yet received)"/>
--	--

d. Address:

* Street 1:	<input type="text" value="3351 M Street, Suite 100"/>
Street 2:	<input type="text"/>
* City:	<input type="text" value="Merced"/>
County:	<input type="text" value="Merced"/>
* State:	<input type="text" value="California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95348"/>

e. Organizational Unit:

Department Name: <input type="text" value="California Limited Partnership"/>	Division Name: <input type="text"/>
---	--

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Marco"/>
Middle Name: <input type="text" value="E."/>	
* Last Name: <input type="text" value="Swedberg"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(530) 823-9250"/>	Fax Number: <input type="text" value="(530) 823-2169"/>
---	---

* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Dixon, Solano County, California

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

Valley Glen Apartments: a 59-unit farm labor housing complex; consisting of 9/1-bdrm units, 27/2-bdrm units, 23/3-bdrm units, and a community building - to be located at the west end of W.Cherry St.& S.Jefferson St.in Dixon, Solano County, CA. 

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>	USDA-RD FLH-514/516 funding
* b. Applicant	<input type="text" value="\$234,500.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$7,746,022.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$3,000,000.00"/>	City of Dixon / HOME Funds
* e. Other	<input type="text" value="\$1,300,000.00"/>	Conventional Loan
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$14,280,522.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

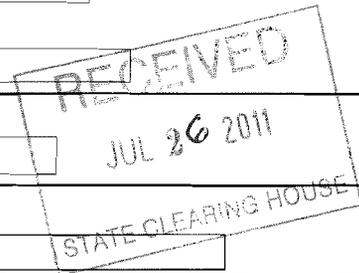
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: Lakeport Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>(not yet received)</u>	* c. Organizational DUNS: <u>(not yet received)</u>
--	--

d. Address:

* Street 1: 430 East State Street, Suite 100
Street 2: _____
* City: Eagle
County: Ada
* State: Idaho
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: <u>California Limited Partnership</u>	Division Name: _____
---	-------------------------

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

Prefix: _____ * First Name: Marqo
Middle Name: E.
* Last Name: Swedberg
Suffix: _____

Title: Owner/Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: (530) 823-9250 Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

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):**

*** 10. Name of Federal 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:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="ID-001"/>	* b. Program/Project <input type="text" value="CA-001"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10-01-2012"/>	* b. End Date: <input type="text" value="10-01-2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$900,000.00"/>	USDA-RD RRH-515 funding
* b. Applicant	<input type="text" value="\$339,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$6,566,308.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$3,000,000.00"/>	City of Lakeport / HOME Funds
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$10,805,308.00"/>	Total Development Cost
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05-14-2010"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="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)		
<input checked="" type="checkbox"/> ** 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:	<input type="text"/>	* First Name: <input type="text" value="Caleb"/>
Middle Name:	<input type="text" value="J."/>	
* Last Name:	<input type="text" value="Roope"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Development Consultant"/>	
* Telephone Number:	<input type="text" value="(208) 461-0022"/>	Fax Number: <input type="text" value="(208) 461-3267"/>
* Email:	<input type="text" value="calebr@tpchousing.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Caleb Roope"/>	* Date Signed: <input type="text" value="07-25-2011"/>

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ • Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: _____		RECEIVED JUL 26 2011 STATE CLEARING HOUSE
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____		
State Use Only:			
6. Date Received by State: _____	7. State Application Identifier: _____		
8. APPLICANT INFORMATION:			
* a. Legal Name: Exeter Family Associates, a California Limited Partnership			
* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)		* c. Organizational DUNS: (not yet received)	
d. Address:			
* Street 1: 5140 West Cypress Avenue / Post Office Box 791			
Street 2: _____			
* City: Visalia			
County: Tulare			
* State: California			
Province: _____			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 93279			
e. Organizational Unit:			
Department Name: California Limited Partnership		Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: _____	* First Name: Marjo		
Middle Name: E.			
* Last Name: Swedberg			
Suffix: _____			
Title: Owner/Consultant			
Organizational Affiliation: Gar-Mar Associates			
* Telephone Number: (530) 823-9250		Fax Number: (530) 823-2169	
* Email: garmar@ncbb.net			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

- Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Exeter, Tulare County, California

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

Exeter Family Apartments: a 49-unit farm labor housing complex; consisting of 16/2-bdrm units, 33/3-bdrm units, and a community building - to be located at Visalia Road and Belmont Road in Exeter, Tulare County, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,000,000.00"/>	USDA-RD FLH-514/516 funding
* b. Applicant	<input type="text" value="\$329,500.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$7,766,647.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$3,000,000.00"/>	City of Exeter / HOME Funds
* e. Other	<input type="text" value="\$300,000.00"/>	Conventional Loan
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$13,396,147.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

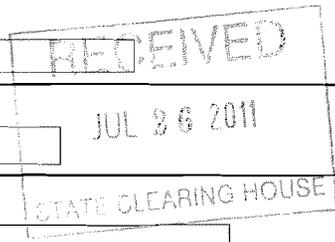
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: Hollister Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)	* c. Organizational DUNS: (not yet received)
---	---

d. Address:

• Street 1: 430 East State Street, Suite 100
Street 2: _____
* City: Eagle
County: Ada
* State: Idaho
Province: _____
* Country: USA: UNITED STATES
• Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership	Division Name: _____
--	-------------------------

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

Prefix: _____ * First Name: Marqo
Middle Name: E.
• Last Name: Swedberg
Suffix: _____

Title: Owner/Consultant

Organizational Affiliation:
Gar-Mar Associates

* Telephone Number: (530) 823-9250 Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Hollister, San Benito County, California

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

Hollister Garden Apartments: a 65-unit multi-family apartment complex; consisting of 24/2-bdrm units, 33/3-bdrm units, 8/4-bedrm units, and community building - to be located at 1480 San Juan in Hollister, San Benito County, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$900,000.00"/>	USDA-RD RRH-515 funding
* b. Applicant	<input type="text" value="\$710,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$4,950,000.00"/>	City of Hollister / RDA Funds
* d. Local	<input type="text" value="\$3,300,000.00"/>	Permanent Lender / Conventional Loan
* e. Other	<input type="text" value="\$4,148,827.00"/>	Tax Credit Equity
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="\$14,008,827.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

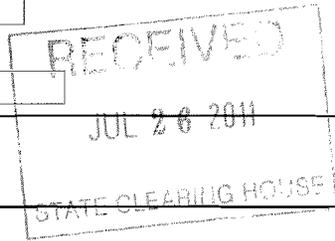
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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:**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(not yet received)"/>	* c. Organizational DUNS: <input type="text" value="(not yet received)"/>
---	---

d. Address:

• Street 1:	<input type="text" value="3351 M Street, Suite 100"/>
Street 2:	<input type="text"/>
* City:	<input type="text" value="Merced"/>
County:	<input type="text" value="Merced"/>
* State:	<input type="text" value="California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
• Zip / Postal Code:	<input type="text" value="95348"/>

e. Organizational Unit:

Department Name: <input type="text" value="California Limited Partnership"/>	Division Name: <input type="text"/>
--	---

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Margo"/>
Middle Name: <input type="text" value="E."/>	
• Last Name: <input type="text" value="Swedberg"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(530) 823-9250"/>	Fax Number: <input type="text" value="(530) 823-2169"/>
---	---

* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Hughson, Stanislaus County, California

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

Hughson Family Apartments: a 49-unit farm labor housing complex; consisting of 16/2-bdrm units, 33/3-bdrm units, and a community building - to be located on Fox Road near Euclid Avenue in Hughson, San Benito County, California.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$1,500,000.00"/>	USDA-RD FLH-514/516 funding
* b. Applicant	<input type="text" value="\$329,500.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="\$8,514,701.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="\$3,000,000.00"/>	City of Hughson / HOME Funds
* e. Other	<input type="text" value="\$650,000.00"/>	Conventional Loan
* f. Program Income	<input type="text" value="\$800,000.00"/>	City of Hughson / RDA Funds
* g. TOTAL	<input type="text" value="\$14,794,201.00"/>	Total Development Cost

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s) A. Increase Award *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: State of California, California Energy Commission		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 680364962		*c. Organizational DUNS: 002640768
d. Address:		
*Street 1: <u>1516 Ninth Street MS-1</u>		
Street 2: _____		
*City: <u>Sacramento</u>		
County: _____		
*State: <u>CA: California</u>		
Province: _____		
*Country: <u>USA: United States</u>		
*Zip / Postal Code: <u>95814-5512</u>		
e. Organizational Unit:		
Department Name: Grants and Loans Office		Division Name: Administrative Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		*First Name: <u>John</u>
Middle Name: _____		
*Last Name: <u>Butler</u>		
Suffix: <u>II</u>		
Title: <u>Contracts, Grants, and Loans Manager</u>		
Organizational Affiliation: <u>California Energy Commission</u>		
*Telephone Number: <u>916-654-4424</u>		Fax Number: <u>916-654-4076</u>
*Email: <u>jbutler@energy.state.ca.us</u>		



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:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
US Department of Energy	
11. Catalog of Federal Domestic Assistance Number:	
81.041	
CFDA Title:	
State Energy Program	
*12 Funding Opportunity Number:	
DE FOA-0000507	
*Title:	
State Energy Program (SEP) PY 2011 Formula Award Funding Opportunity Announcement	
13. Competition Identification Number:	

Title:	

14. Areas Affected by Project (Cities, Counties, States, etc.):	
State of California	
*15. Descriptive Title of Applicant's Project:	
California's State Energy Program Formula Grant	

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: 05 *b. Program/Project: CA-all

17. Proposed Project:
 *a. Start Date: 7/01/2011 *b. End Date: 6/30/2012

18. Estimated Funding (\$):

*a. Federal	<u>2,595,000</u>
*b. Applicant	<u>519,000</u>
*c. State	_____
*d. Local	_____
*e. Other	<u>5,546,074.70</u>
*f. Program Income	_____
*g. TOTAL	<u>8,660,074.70</u>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 7/26/2011

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: John

Middle Name: _____

*Last Name: Butler

Suffix: II

*Title: Contracts, Grants and Loans Manager

*Telephone Number: 916-654-4424 Fax Number: 916-654-4076

* Email: jbutler@energy.state.ca.us

*Signature of Authorized Representative:  *Date Signed: 7/26/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 07/26/2011	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
6. APPLICANT INFORMATION				
Legal Name: Friends of the San Francisco Estuary		Organizational Unit: Department:		
Organizational DUNS: 148462647		Division:		
Address: Street: 1515 Clay Street, Suite 1400		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland		Prefix: Mrs.	First Name: Paula	
County: Alameda		Middle Name Jean		
State: California		Last Name Trigueros		
Zip Code 94612	Suffix:			
Country:		Email: ptrigueros@waterboards.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 88-0268026		Phone Number (give area code) 510-622-2499		Fax Number (give area code) 510-622-2501
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Coastal Program		9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities, Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sponsorship of 2011 State of the San Francisco Estuary Conference		
13. PROPOSED PROJECT Start Date: 01/01/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-013		
Ending Date: 10/31/2011		b. Project C-013		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,500 ⁰⁰	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/26/2011		
b. Applicant	\$ ⁰⁰	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ ⁰⁰			
g. TOTAL	\$ 2,500 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mrs.	First Name Barbara		Middle Name	
Last Name Salzman		Suffix		
b. Title President		c. Telephone Number (give area code) 510-622-2304		
d. Signature of Authorized Representative 		e. Date Signed 07/26/2011		

RECEIVED
JUL 26 2011
STATE CLEARING HOUSE

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>
* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update		* 2. Date Received: Completed by Grants.gov upon submission.
3. Applicant Identifier: <input type="text"/>		STATE USE ONLY: 5. Date Received by State: <input type="text"/>
4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>
4b. Federal Award Identifier: <input type="text"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 27 2011 STATE CLEARING HOUSE </div>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>		
7. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Yolo County Transportation District"/>		* c. Organizational DUNS: <input type="text" value="787290923"/>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="32-0262241"/>		* d. Address:
* Street1: <input type="text" value="350 Industrial Way"/>		Street2: <input type="text"/>
* City: <input type="text" value="Woodland"/>		County: <input type="text" value="Yolo"/>
* State: <input type="text" value="CA: California"/>		Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip / Postal Code: <input type="text" value="95776"/>
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Terry"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Bassett"/>		Suffix: <input type="text"/>
Title: <input type="text" value="Executive Director"/>		
Organizational Affiliation: <input type="text" value="Yolo County Transportation District"/>		
* Telephone Number: <input type="text" value="530-661-0816"/>		Fax Number: <input type="text" value="530-661-1732"/>
* Email: <input type="text" value="cbassett@yctd.org"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

D: Special District Government

* Other (specify):

b. Additional Description:

Transit Agency

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.522

CFDA Title:

Alternatives Analysis

11. Areas Affected by Funding:

Cities of Sacramento and West Sacramento

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-001

b. Program/Project:

CA-1&5

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

01/01/2012

b. End Date:

07/31/2013

14. ESTIMATED FUNDING:

* a. Federal (\$):

985,000.00

b. Match (\$):

390,000.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

 a. This submission was made available to the State under the Executive Order 12372 Process for review on:

07/28/2011

 b. Program is subject to E.O. 12372 but has not been selected by State for review. c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

Explanation:

17. 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

** This 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:

Bassett

Suffix:

* Title:

Executive Director

Organizational Affiliation:

Yolo County Transportation District

* Telephone Number:

530-661-0816

* Fax Number:

530-661-1732

* Email:

tbassett@yctd.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input checked="" type="checkbox"/> Other * Other (specify) Proposal-FTA-2011-017-SGR		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: 07/27/2011		STATE USE ONLY:	
		3. Applicant Identifier:		5. Date Received by State:	
		4a. Federal Entity Identifier: 1690		6. State Application Identifier:	
		4b. Federal Award Identifier:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 27 2011 STATE CLEARING HOUSE </div>	
1.c. Consolidated Application/Plan/Funding Request? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explanation					
7. APPLICANT INFORMATION:					
* a. Legal Name: North County Transit District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-300-9680			* c. Organizational DUNS: 020518361		
d. Address:					
* Street1 810 Mission Avenue			Street2:		
* City: Oceanside			County: San Diego		
* State: CA: California			Province:		
* Country: USA: UNITED STATES			* Zip / Postal Code: 92054		
e. Organizational Unit:					
Department Name: Management Accounting			Division Name: Grants		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Ms		* First Name: Heidi		Middle Name: L.	
* Last Name: Rockey			Suffix:		
Title: Grant Specialist					
Organizational Affiliation: North County Transit District					
* Telephone Number: 760-966-6560			Fax Number: 760-967-0941		
* Email: hrockey@nctd.org					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

X: Other (specify)

*** Other (specify):**

Local Government - Public Transit Agency

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

San Diego

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-49

b. Program/Project:

CA-49

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

Additional Congressional Dis

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

11/01/2011

b. End Date:

12/31/2011

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

11,554,661.00

b. Match (\$):

2,366,617.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on:

07/26/2011

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

** This 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:

Matthew

Middle Name:

O.

* Last Name:

Tucker

Suffix:

* Title:

Executive Director

Organizational Affiliation:

North County Transit District

* Telephone Number:

760-967-2867

* Fax Number:

760-433-0166

* Email:

mtucker@nctd.org

* Signature of Authorized Representative:

Heidi Rockey

* Date Signed:

07/27/2011

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission.	
		STATE USE ONLY: 6. Date Received by State: <input type="text"/>		3. Applicant Identifier: <input type="text"/>	
		6. State Application Identifier: <input type="text"/>		4a. Federal Entity Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 27 2011 </div>	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: Santa Clara Valley Transportation Authority (VTA)				STATE CLEARING HOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186907			* c. Organizational DUNS: 092202837		
d. Address:					
* Street1: 3331 North First Street			Street2: <input type="text"/>		
* City: San Jose			County: <input type="text"/>		
* State: CA: California			Province: <input type="text"/>		
* Country: USA: UNITED STATES			* Zip / Postal Code: 95134-1927		
e. Organizational Unit:					
Department Name: Grants Planning & Management			Division Name: Congestion Management Agency		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Mr.		* First Name: Mike		Middle Name: <input type="text"/>	
* Last Name: Tasosa			Suffix: <input type="text"/>		
Title: Senior Transportation Planner					
Organizational Affiliation: VTA					
* Telephone Number: (408) 321-5752			Fax Number: (408) 955-9765		
* Email: mike.tasosa@vta.org					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 8a. TYPE OF APPLICANT: <input type="text" value="D: Special District Government"/>		
* Other (specify): <input type="text"/>		
b. Additional Description: <input type="text"/>		
* 9. Name of Federal Agency: <input type="text" value="DOT/Federal Transit Administration"/>		
10. Catalog of Federal Domestic Assistance Number: <input type="text" value="20.500"/> CFDA Title: <input type="text" value="Federal Transit Capital Investment Grants"/>		
11. Areas Affected by Funding: <input type="text" value="Santa Clara County"/>		
12. CONGRESSIONAL DISTRICTS OF:		
* a. Applicant: <input type="text" value="16"/>	b. Program/Project: <input type="text"/>	
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
13. FUNDING PERIOD:		
a. Start Date: <input type="text" value="10/01/2012"/>	b. End Date: <input type="text" value="09/30/2013"/>	
14. ESTIMATED FUNDING:		
* a. Federal (\$): <input type="text" value="880,000.00"/>	b. Match (\$): <input type="text" value="220,000.00"/>	
* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?		
<input checked="" type="checkbox"/> a. This submission was made available to the State under the Executive Order 12372 Process for review on: <input type="text" value="07/27/2011"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

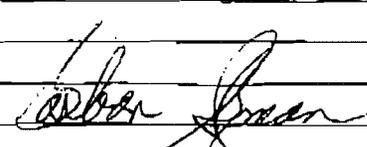
* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/26/2011	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
5. APPLICANT INFORMATION				
Legal Name: Friends of the San Francisco Estuary		Organizational Unit: Department:		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 28 2011 STATE CLEARING HOUSE </div>
Organizational DUNS: 140462647		Division:		
Address: Street: 1515 Clay Street, Suite 1400		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland	State: California	Zip Code: 94612	Country:	Prefix: Mrs.
County: Alameda				First Name: Paula
				Middle Name: Jean
				Last Name: Trigueros
				Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0286026		Phone Number (give area code) 510-622-2499	Fax Number (give area code) 510-622-2601	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Coastal Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sponsorship of 2011 State of the San Francisco Estuary Conference		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities, Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-013		
13. PROPOSED PROJECT Start Date: 01/01/2011		b. Project C-013		
Ending Date: 10/31/2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
16. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/26/2011		
a. Federal	\$ 2,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
b. Applicant	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$ 2,500.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mrs.	First Name: Barbara	Middle Name:		Suffix:
Last Name: Salzman	c. Telephone Number (give area code): 510-622-2304		e. Date Signed: 07/26/2011	
b. Title: President				
d. Signature of Authorized Representative:				

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED July 29, 2011	Applicant Identifier CA Department of Food and Agriculture
		3. DATE RECEIVED BY STATE July 27, 2011	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-0478-CA

5. APPLICANT INFORMATION

Legal Name: State of California	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>JUL 28 2011</p> <p>STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 341		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento		Prefix: Mr.
County: Sacramento		Middle Name
State: California	Zip Code 95814	Last Name Pitcairn
Country: USA		Suffix:
		Email: mpitcairn@cdfa.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104	Phone Number (give area code) (916) 262-2049	Fax Number (give area code) (916) 262-2059
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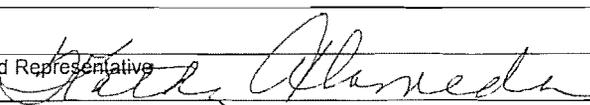
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Exotic Woodboring Beetles Survey
TITLE (Name of Program): Plant Pest and Animal Disease, Pest Control, and Animal Care	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California - Statewide	

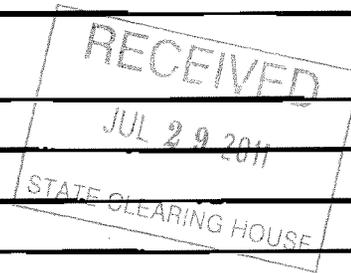
13. PROPOSED PROJECT Start Date: 7/1/11 Ending Date: 6/30/12	14. CONGRESSIONAL DISTRICTS OF: a. Applicant California b. Project California
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 96,945.00 b. Applicant \$.00 c. State \$ 92,359.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 189,304.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/29/2011 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative		
Prefix Ms.	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Federal Funds Manager		c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative 		e. Date Signed 7/29/11

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*6b. Federal Award Identifier: 10-9706-1027-CA
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: The Regents of the University of California		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-8036484		*c. Organizational DUNS: 04-712-0084
d. Address:		
*Street 1: <u>Office of Research</u>		
Street 2: <u>1850 Research Park Drive, Suite 300</u>		
*City: <u>Davis</u>		
County: <u>Yolo</u>		
*State: <u>CA</u>		
Province: _____		
*Country: <u>United States</u>		
*Zip / Postal Code <u>95618</u>		
e. Organizational Unit:		
Department Name: CA Animal Health & Food Safety Laboratory System		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		*First Name: _____
Middle Name: _____		
*Last Name: _____		
Suffix: _____		
Title: <u>Contracts/Grants Analyst</u>		
Organizational Affiliation: <u>Regents, University of California</u>		
*Telephone Number:		Fax Number:
*Email: <u>vcresearch@ucdavis.edu</u>		



Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: USDA, APHIS, Veterinary Services</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 10-025</p> <p>CFDA Title: Plant Pest and Animal Disease</p>	
<p>*12 Funding Opportunity Number: _____</p> <p>*Title: _____</p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): Entire state of California (06)</p>	
<p>*15. Descriptive Title of Applicant's Project: Federal-State cooperative brucellosis surveillance program</p>	

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: One *b. Program/Project: statewide

17. Proposed Project:
 *a. Start Date: 04/01/11 *b. End Date: 03/31/12

18. Estimated Funding (\$):

*a. Federal		87,000
*b. Applicant		88,741
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL		175,741

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 7/29/11 *com*

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

*Title: Contracts and Grants Analyst

*Telephone Number: _____ Fax Number: _____

* Email: vcresearch@ucdavis.edu

*Signature of Authorized Representative: _____ *Date Signed: _____

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

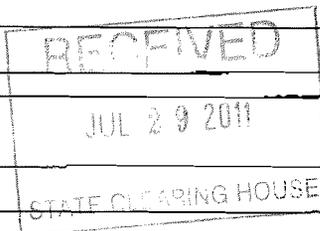
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 27, 2011	Applicant Identifier Dept. of Food and Agriculture	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE June 26, 2011	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-0934-GR	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services		
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix:	First Name: Scott	
County: Sacramento		Middle Name		
State: California		Last Name Okimura		
Zip Code 95814		Suffix:		
Country: United States		Email: sokimura@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Exotic Fruit Fly surveys in California		
13. PROPOSED PROJECT Start Date: January 1, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 40		
Ending Date: December 31, 2011		b. Project Exotic Fruit Fly Surveys in CA		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,577,441 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 29, 2011		
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ ⁰⁰			
g. TOTAL	\$ 1,577,441 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Kathy	Middle Name		
Last Name Alameda	Suffix			
b. Title Manager, Federal Funds Management Unit	c. Telephone Number (give area code) (916) 651-9888			
d. Signature of Authorized Representative	e. Date Signed			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 07/01/2011	State Application Identifier G1198043
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

6. APPLICANT INFORMATION

Legal Name: State of California		Organizational Unit: Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Fisheries Branch	
Address: Street: 1831 9th Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steve	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Wong	
State: CA	Zip Code 95811	Suffix:	
Country: United States		Email: scwong@dfg.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3694	Fax Number (give area code) (916) 327-6320
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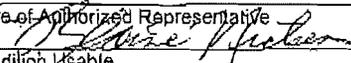
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act 15-805	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Heritage Trout Production at Kern River Hatchery

13. PROPOSED PROJECT Start Date: 07/31/2011 Ending Date: 06/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project FB & Region 4
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 609,150.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/29/11
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 203,050.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 812,200.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Blaine	Middle Name Nickens
Last Name Nickens		Suffix
b. Title Chief of Grants Management Branch		c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative 		e. Date Signed 7/29/11

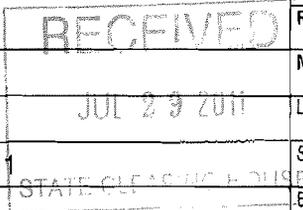
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 07/01/2011	State Application Identifier G1198047
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of California		Organizational Unit: Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Fisheries Branch	
Address: Street: 1831 9th Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steve	
City: Sacramento		Middle Name	
County: Sacramento		Last Name: Wong	
State: CA	Zip Code: 95811	Suffix:	
Country: United States		Email: scwong@dfg.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3694	Fax Number (give area code) (916) 327-6320
--	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Veliger Viability: Larval Quagga Mussels Survey & Research	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			

13. PROPOSED PROJECT Start Date: 07/31/2011 Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide	
--	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 151,237.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/29/11	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 50,412.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 201,649.00		

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

a. Authorized Representative			
Prefix: Mr.	First Name: Blaine	Middle Name: Nickens	Suffix:
Last Name: Nickens		c. Telephone Number (give area code): (916) 445-9300	
b. Title: Chief of Grants Management Branch		e. Date Signed: 7/29/2011	
d. Signature of Authorized Representative: <i>[Signature]</i>			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED September 30, 2010	Applicant Identifier
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: Coachella Valley Water District			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 04-133-0739			Organizational Unit: Department: Engineering	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 29 2011 </div>
Address: Street: 85-995 Avenue 52			Division: Sanitation	
City: Coachella			Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Riverside			Prefix: M.	First Name: Kesri
State: California			Middle Name	
Zip Code: 92236			Last Name Sekhon	
Country: USA			Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000827			Phone Number (give area code) (760) 398-2651	Fax Number (give area code) (760) 391-9637
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Special District (G) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loans & Grants Program (Colonias Loans & Grants)			9. NAME OF FEDERAL AGENCY: USDA-Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community south of Mecca, Riverside County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Proposed sanitary sewer collection facilities to serve the existing San Antonio Del Desierto mobile home park, and adjacent communities along Lincoln Street, from Avenue 66th to Avenue 68th.	
13. PROPOSED PROJECT Start Date: April 1, 2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45th Congressional District	
Ending Date: September 30, 2011			b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	2,801,327	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 15, 2010	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$	2,801,327		
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 Steve		Middle Name	
Last Name Robbins			Suffix	
b. Title General Manager - Chief Engineer			c. Telephone Number (give area code) (760) 398-2651	
d. Signature of Authorized Representative			e. Date Signed	

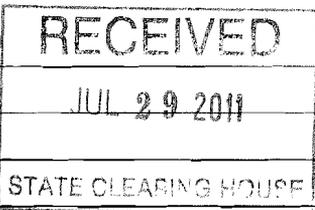
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Yurok Tribe	Organizational Unit: Department: Planning & Community Development
Organizational DUNS: 622970366	Division:
Address: Street: 190 Klamath Boulevard, Post Office Box 1027	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Klamath	Prefix: Ms.
County: Del Norte	First Name: Sophia
State: California	Middle Name
Zip Code 95548-1027	Last Name Lay
Country: United States of America	Suffix:
	Email: Sophia@yuroktribe.nsn.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0178020	Phone Number (give area code) 707-482-4366, ext. 363	Fax Number (give area code) 707-482-1365
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) k. Indian Tribe Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Rural Development, Community Facilities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Finishing the Morek Won Community Center
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Morek Won, Humboldt County, California	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture
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13. PROPOSED PROJECT Start Date: 10/01/2011 Ending Date: 09/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-001 b. Project CA-001
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal USDA, RD, CF \$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 26, 2011
b. Applicant Yurok Tribe \$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other CA Endowment \$ 200,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 250,000.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Thomas	Middle Name P.
Last Name O'Rourke	Suffix Sr.	
b. Title Tribal Chairman	c. Telephone Number (give area code) 707-482-1350	
d. Signature of Authorized Representative	e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED September 30, 2010	Applicant Identifier
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: Coachella Valley Water District		Organizational Unit: Department: Engineering		
Organizational DUNS: 04-133-0739		Division: Sanitation		
Address: Street: 85-995 Avenue 52		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Coachella		Prefix: Mr.	First Name: Kesri	
County: Riverside		Middle Name		
State: California		Last Name Sekhon		
Zip Code 92236	Suffix:			
Country: USA		Email: ksekhon@cvwd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000827		Phone Number (give area code) (760) 398-2651		Fax Number (give area code) (760) 391-9637
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Special District (G) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770		9. NAME OF FEDERAL AGENCY: USDA-Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community south of Mecca, Riverside County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Proposed sanitary sewer collection facilities to serve the existing San Antonio Del Desierto mobile home park, and adjacent communities along Lincoln Street, from Avenue 66th to Avenue 68th.		
13. PROPOSED PROJECT Start Date: April 1, 2011 Ending Date: September 30, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45th Congressional District b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,801,327.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 15, 2010		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 2,801,327.00	a. Authorized Representative		
Prefix Mr.		First Name Steve		Middle Name
Last Name Robbins		Suffix		
b. Title General Manager - Chief Engineer		c. Telephone Number (give area code) (760) 398-2651		
d. Signature of Authorized Representative		e. Date Signed		

