

**Application for
Federal Assistance**

U.S. Department of Housing
and Urban Development

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

1. Type of Submission

Application

Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Retirement Housing Foundation		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 911 North Studebaker Road B. City: Long Beach, CA C. County: Los Angeles D. State: California E. Zip Code: 90815-4900		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Richard T. Washington B. Title: Vice President C. Phone: 562-257-5100 D. Fax: 562-257-5200 E. E-mail: richard.washington@rhf.org	
11. Employer Identification Number (EIN) or SSN 95-2249495		12. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		A. State I. University or College B. County J. Indian Tribe C. Municipal K. TDHE D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: HUD 202 Program Component Title: Supportive Housing for the Elderly		14. Name of Federal Agency US Dept. of Housing & Urban Dev. U.S. Department of Housing and Urban Development	
16. Descriptive Title of Applicant's Program New construction of low-income senior housing under the HUD Section 202 Program		17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.) Los Angeles (city), Los Angeles County, California	
18a. Proposed Program start date Jun-03	18b. Proposed Program end date Jun-04	19a. Congressional Districts of Applicant 38th	19b. Congressional Districts of Program 38th
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date <u>6/3/02</u> B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

RECEIVED
JUN 14 2002
STATE CLEARING HOUSE

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

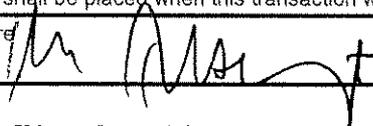
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	14,830,768	25,000						14,855,768
Grand Totals	14,830,768	25,000						14,855,768

* For FHIPs, show both initiative and component

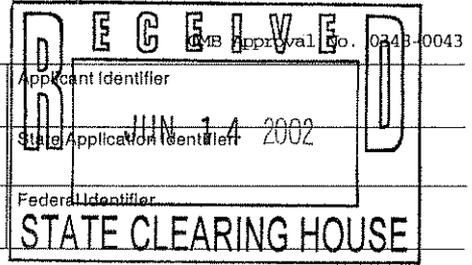
Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature 	Name (printed) Richard T. Washington
Title Vice President	Date (mm/dd/yyyy) 05/24/2002

Application for Federal Assistance



1. Type of Submission	2. Date Submitted (mm/dd/yyyy)						
<table border="0"> <tr> <td>Application</td> <td>Pre-application</td> </tr> <tr> <td><input checked="" type="checkbox"/> Construction</td> <td><input type="checkbox"/> Construction</td> </tr> <tr> <td><input type="checkbox"/> Non-Construction</td> <td><input type="checkbox"/> Non-Construction</td> </tr> </table>	Application	Pre-application	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	3. Date Received by State (mm/dd/yyyy)
Application	Pre-application						
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction						
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction						
	4. Date Received by Federal Agency (mm/dd/yyyy)						

5. Applicant Information	
Legal Name Calvary Christian Fellowship Community Services Dev. Corp.	Organizational Unit
Address (give city, county, State, and zip code) 2404 Byrd Ave. Inglewood, CA 90305	Name and telephone number of the person to be contacted on matters involving this application (give area code) Douglas Nelson 310-670-3648 323-752-1481 fax

6. Employer Identification Number (EIN) (xx-yyyzzzz)	7. Type of Applicant (enter appropriate letter in box)
95 — 4834230	<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Inter-municipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N Nonprofit <input type="checkbox"/> O Public Housing Agency <input type="checkbox"/> P. Other (Specify)
8. Type of Application:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	

9. Name of Federal Agency U.S. Department of Housing and Urban Development	11. Descriptive Title of Applicant's Project Morningside Park Senior Villas (New construction of low-income senior rental housing, community space and parking)
10. Catalog of Federal Domestic Assistance Number (xx-yyy)	
Title: <input type="checkbox"/> — <input type="checkbox"/> Section 202 program	
12. Areas Affected by Project (cities, counties, States, etc.) Inglewood, Los Angeles County, California	

13. Proposed Project	14. Congressional Districts of
Start Date (mm/dd/yyyy) 06/03	a. Applicant 35
Ending Date (mm/dd/yyyy) 06/04	b. Project 35

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 05/24/02 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> 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

Complete form HUD-424-M, Funding Matrix

18. To the best of my knowledge and belief, all data in this application/pre-application 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 Rev. Alvin L. Isaacs	b. Title Chief Executive Officer	c. Telephone Number (Include Area Code) 323-752-2170
d. Signature of Authorized Representative 	e. Date Signed (mm/dd/yyyy) 05/17/02	

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD 202 Program	10,000	5,952,075					5,962,075
Grand Totals	10,000	5,952,075					5,962,075

* For PHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

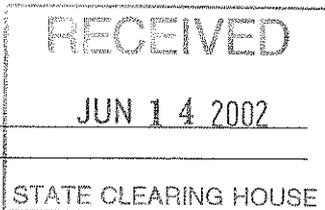
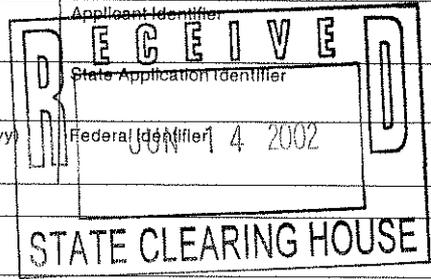
Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application Construction <input type="checkbox"/> Pre-application Non-Construction		2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
5. Applicant Information Legal Name Los Angeles Community Design Center		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
Address (give city, county, State, and zip code) 3115 W. Ninth St., Suite 410 Los Angeles, CA 90015		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier 4 2002
6. Employer Identification Number (EIN) (xx-yyyzzz) 95 - 6377511		Organizational Unit STATE CLEARING HOUSE	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		7. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> N A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N Nonprofit F. Inter-municipal O Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: Section 202 program		9. Name of Federal Agency U.S. Department of Housing and Urban Development	
12. Areas Affected by Project (cities, counties, States, etc.) Inglewood, Los Angeles County, California		11. Descriptive Title of Applicant's Project Morningside Park Senior Villas (New construction of low-income senior rental housing, community space and parking)	
13. Proposed Project Start Date (mm/dd/yyyy) 06/03 Ending Date (mm/dd/yyyy) 06/04		14. Congressional Districts of a. Applicant 33 b. Project 35	



Complete form HUD-424-M, Funding Matrix

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?
 a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
 Date (mm/dd/yyyy) 05/24/02
 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/pre-application 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 Robin Hughes	b. Title Executive Director	c. Telephone Number (Include Area Code) 213-629-2702
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy) 05/17/02

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

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* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

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Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 15, 2002	Applicant Identifier RECEIVED
		3. DATE RECEIVED BY STATE	State Application Identifier JUN 14 2002
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: INLAND BEHAVIORAL and HEALTH SERVICES, INC.		Organizational Unit: STATE CLEANING HOUSE	
Address (give city, county, State, and zip code): 1963 North "E" Street San Bernardino, CA 92405 San Bernardino County		Name and telephone number of person to be contacted on matters involving this application (give area code) Dr. Temetry A. Lindsey (909) 881-6146	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3246624		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON - PROFIT</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300 TITLE- I - PUBLIC WORKS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DEVELOPMENT FACILITIES - CONSTRUCTION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Bernardino, CA - San Bernardino County City of Banning CA - Riverside County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Joe Baca (42nd - San Bernardino) Mary Bono (44th - Banning)	
Start Date 07/02	Ending Date 07/03	a. Applicant 42nd	b. Project 42nd & 44th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,848,229	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>02/02</u>	
b. Applicant	\$ 3,848,229	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 7,696,458	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dr. Temetry A. Lindsey		b. Title CEO/PRESIDENT	c. Telephone Number (909) 881-6146
d. Signature of Authorized Representative Dr. Temetry A. Lindsey			e. Date Signed February 15, 2002

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of San Bernardino Municipal Water Department			Organizational Unit City of San Bernardino Municipal Water Department		
Address (give city, county, State and zip code): P. O. Box 710 San Bernardino, San Bernardino County, CA 92402			Name and telephone number of person to be contacted on matters involving this application (give area code) Bernard C. Kersey 909/384-5091		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000771		7. TYPE OF APPLICANT: (enter appropriate letter in box) C			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____			
		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Study and Development of Design Criteria for Hydraulic Improvements in the Bunker Hill Basin (Phases I and II of the Enhanced Reliability System of Improvements)			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Bernardino, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: The Honorable Jerry Lewis, 40th			
Start Date 10/1/02	Ending Date 9/30/03	a. Applicant 40		b. Project 40	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$750,000	a. YES. 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 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$750,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Bernard C. Kersey		b. Title General Manager		c. Telephone (909) 384-5091	
d. Signature of Authorized Representative <i>Bernard C. Kersey</i>		e. Date Signed June 13, 2002			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application	Preapplication	3. Date Received by State	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Rec'd by Fed Agency	Federal Identifier
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction		X 989271

5. APPLICANT INFORMATION		Organizational Unit
Legal Name State Water Resources Control Board		Central Valley Regional Water Quality Control Board
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): Karen Larsen (916) 255-0746

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 618--0121811986	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify)	H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency
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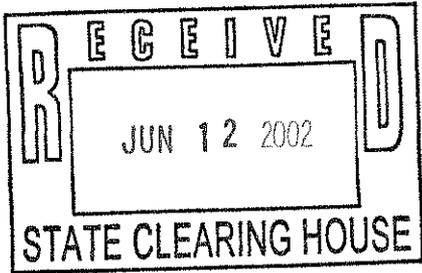
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 616-606	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phase VII continues the development and implementation of the Sacramento River Toxic Pollution Control Program to bring the Sacramento River and its tributaries into compliance with appropriate water quality standards for toxic pollutants and thereby protect its uses.
TITLE: Surveys, Studies, Investigations and Special Purpose Grants	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) Sacramento River Basin	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT OF:
Start Date: 7/1/02 Ending Date: 12/31/04	a. Applicant: 3 b. Project: California--All

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 157,000.00	a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: June 12, 2002
b. Applicant \$.00	b. NO: <input type="checkbox"/> Program is not covered by EO 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, attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 157,000.00	

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. Typed Name of Authorized Representative Celeste Cantú	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	



APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED
 OMB Approval No. 0348-0043
 JUN 12 2002
STATE CLEARING HOUSE

	2. DATE SUBMITTED 6/10/02	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 6/10/02	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Coastal Conservancy Organizational Unit:

Address (give city, county, state, and zip code):
1330 Broadway, Ste. 1100
 Oakland, CA 94612

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Tim Duff (510) 286-3826

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94 - 3164968

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

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

8. TYPE OF APPLICATION:
 New Continuation Revision

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15 - 614

TITLE: National Coastal Wetlands Conservation Program

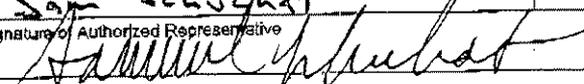
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sweetsprings Land Acquisition and Restoration, Morro Bay

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Morro Bay, San Luis Obispo, CA

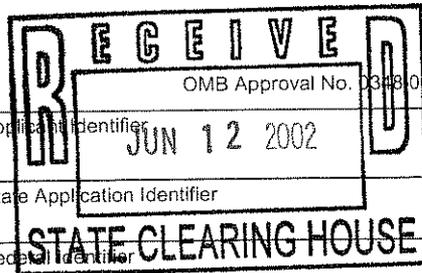
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/03	Ending Date 1/07	a. Applicant <u>Barbara Lee</u>	b. Project <u>Lois Capps</u>

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? b. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/12/02</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ <u>1,050,000.00</u>	
b. Applicant	\$	
c. State	\$ <u>1,000,000.00</u>	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

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

a. Type Name of Authorized Representative <u>Sam Schuchat</u>	b. Title <u>Executive Officer</u>	c. Telephone Number <u>510 286-1015</u>
d. Signature of Authorized Representative 		e. Date Signed <u>6/2/02</u>

APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 11, 2002	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of Redding	Organizational Unit:
Address (give city, county, State, and zip code): 777 Cypress Ave Redding, CA 96001	Name and telephone number of person to be contacted on matters involving this application (give area code) Mike Mitchell 530-225-4279

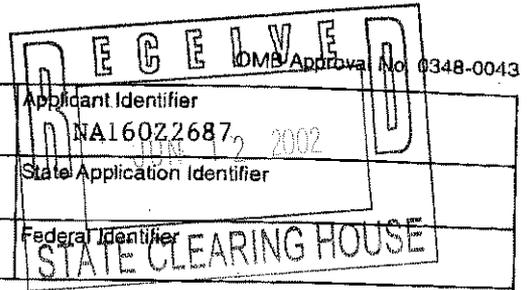
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000401	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies and Investigations and Special Purpose	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Redding and Anderson, Shasta County CA	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date | Ending Date	a. Applicant: CA 2
b. Project	
15. ESTIMATED FUNDING:	
a. Federal	\$ 470,500 ⁰⁰
b. Applicant	\$ 384,954 ⁰⁰
c. State	\$ ⁰⁰
d. Local	\$ ⁰⁰
e. Other	\$ ⁰⁰
f. Program Income	\$ ⁰⁰
g. TOTAL	\$ 855,454 ⁰⁰
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/11/02 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 type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Michael Warren	b. Title City Manager	c. Telephone Number (530) 225-4061
d. Signature of Authorized Representative <i>Michael Warren</i>		e. Date Signed 6/10/02

**APPLICATION FOR
FEDERAL ASSISTANCE**



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 12, 2002	Applicant Identifier NA160Z2687
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Foothill/Eastern Transportation Corridor Agency	Organizational Unit: Engineering & Environmental Planning
Address (give city, county, State, and zip code): 125 Pacifica, Suite 100 Irvine, CA 92618-3304 Orange County	Name and telephone number of person to be contacted on matters involving this application (give area code) Terry Swindle, SR/WA (949) 754-3487

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 33-0294276

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

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

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:
 Department of Commerce
 National Oceanic & Atmospheric Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 11-419
 TITLE: CZM Program Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Acquisition of conservation acreage in Southern Orange County, California to be maintained in perpetuity as coastal sage scrub or riparian habitat area.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Unincorporated area of Southern Orange County, California

13. PROPOSED PROJECT
 Start Date: _____ Ending Date: _____

14. CONGRESSIONAL DISTRICTS OF:
 Applicant - 47 Project - 48

a. Applicant Foothill/Eastern Transportation Corridor Agency
 b. Project Habitat Conservation

15. ESTIMATED FUNDING:

a. Federal	\$	348,700.00
b. Applicant	\$	348,700.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	697,400.00

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 June 12, 2002
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative W. D. Kreutzen	b. Title Chief Executive Officer	c. Telephone Number (949) 754-3400
d. Signature of Authorized Representative 		e. Date Signed June 11, 2002

RECEIVED JUN 12 2002

Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 2/28/02	Applicant Identifier
3. DATE RECEIVED BY STATE STATE CLEARING HOUSE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

5. APPLICANT INFORMATION
 Legal Name: City of Desert Hot Springs
 Address (give city, county, State, and zip code):
 65950 Pierson Blvd.
 Desert Hot Springs, CA 92240

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-2288291

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

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

8. TYPE OF APPLICATION:
 New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 11-303

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Revitalization of Spa Industry in Desert Hot Springs

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

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:
 44th District

Start Date	Ending Date	a. Applicant	b. Project
5/11/02			

15. ESTIMATED FUNDING:

a. Federal	\$	55,000.00
b. Applicant	\$	55,000.00
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$	110,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 6-3-02
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative Joseph P. Guzzetta	b. Title City Manager	c. Telephone Number (760) 329-6411 xt. 223
d. Signature of Authorized Representative <i>Joseph P. Guzzetta</i>	e. Date Signed	

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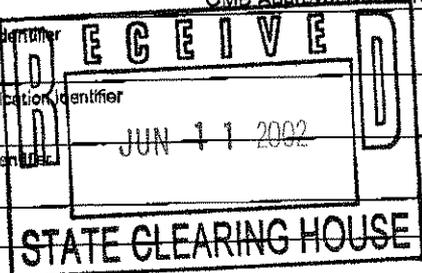
Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

PRE-APPLICATION

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 6/6/02	Applicant Identifier
3. DATE RECEIVED BY STATE 6/1/02	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier



1. TYPE OF SUBMISSION:
 Application Preapplication
 Construction Construction
 Non-Construction Non-Construction

5. APPLICANT INFORMATION
 Legal Name: **State Coastal Conservancy**
 Address (give city, county, state, and zip code):
 1330 Broadway, 11th Floor
 Oakland, CA 94612

Organizational Unit:
 Name and telephone number of the person to be contacted on matters involving this application (give area code):
 Tim Duff 510-286-3826

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94 - 3164968

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box) A
 A. State H. Independent School Dist.
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15 - 614
 TITLE: National Coastal Wetlands Conservation Grant Program

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

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Morro Bay, San Luis Obispo, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Los Osos Creek Wetland Reserve Expansion

13. PROPOSED PROJECT
 Start Date 1/03 Ending Date 1/05
 14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant Barbara Lee

b. Project Lois Capps

15. ESTIMATED FUNDING:

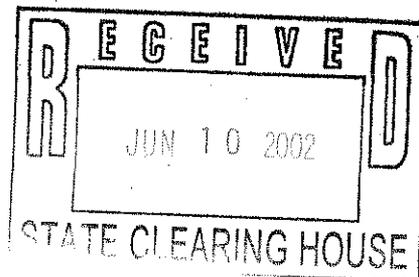
a. Federal	\$	550,000.00
b. Applicant	\$	
c. State	\$	520,000.00
d. Local	\$	
e. Other	\$	220,000.00
f. Program Income	\$	
g. TOTAL	\$	1,290,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 6/11/02
 b. NO PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

a. Type Name of Authorized Representative Sam Schuchat	b. Title Executive Officer	c. Telephone Number 510-286-1015
d. Signature of Authorized Representative <i>Samuel Schuchat</i>		e. Date Signed 6/7/02

Please ensure all questions are answered completely, and typewritten in the spaces below. All documents submitted with the original copy of the application must have original signatures; stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (3/14/02).



I. General Information

Applicant Organization's Legal Name:

Applicant Agency ORI Number: 0 5 4 0 7 0 0

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Application Instructions Manual, page 16.

Applicant Agency EIN Number: 9 4 6 0 0 0 4 4 9

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Application Instruction Manual, page 15.

Federal Congressional District Number(s): 21st

Do not substitute state or local congressional districts.

Are you contracting for law enforcement services? Yes No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section below. For further clarification in determining if this applies to your agency, please refer to the Application Instructions Manual, page 15.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

Due to recent growth in student population and the
addition of a fifth high school, both the City of
Visalia and the Visalia Unified School District
lack funding in their budgets to provide adequate
police service/coverage for the new campus.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Jerry L. Barker
Title: Chief of Police *Agency Name:* Visalia Police Dept.
Address: 303 S. Johnson Street

City: Visalia *State:* CA *Zip Code:* 93291
Telephone: (559) 713-4215 *Fax:* (559) 713-4825
Email: vpdchief@ci.visalia.ca.us

Type of Police Agency:

- Municipal
- Sheriff*
- School*
- Public Housing*
- Other* (please specify): _____
- State
- Tribal*
- University/College* (Public or Private)
- New Start-Up* (please specify): _____
- County PD
- Transit*

* *Agency types with an asterisk next to them must complete the additional questionnaire found in this Application Kit, and submit it along with your application.*

Government Executive's Name: Steve Salomon
Title: City Mgr. *Name of Government Entity:* City of Visalia
Address: 707 W. Acequia Street

City: Visalia *State:* CA *Zip Code:* 93291
Telephone: 713-4312 *Fax:* (559) 713-4800
Email: ssalomon@ci.visalia.ca.us



COPS in Schools 2002 Budget Information

Applicant Legal Name: _____ ORJ Code (Assigned by FBI): _____

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.
OMB Approval Number: 1103-0027

Part I: Complete if your agency is requesting full-time officers

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

1. Cost Per Full-Time Officer – Year 1			
Current Annual Entry-Level Base Salary	\$ 42,181.00	% of base salary	Enter the base annual salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			
*Please refer to Part III, Question 4.			
*Social Security	\$ 612.00	1.5 %	Cost for Social Security may not exceed 6.2%. If exempt check here <input type="checkbox"/>
*Medicare	\$.00	0 %	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ 9,069.00	21.5 %	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Life Insurance	\$.00	0 %	Costs toward life insurance coverage.
Vacation	\$.00	0 %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$.00	0 %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ 5,606.00	13.3 %	Contribution to retirement benefits.
*Worker's Comp.	\$ 3,962.00	9.4 %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ 82.00	.2 %	Costs of unemployment insurance. (See Part III, Question 4)
Other LTD	\$ 287.00	.7 %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other Standby Pay	\$ 1,000.00	2.4 %	
Holiday Pay	\$ 892	2.1	
Total Fringe Benefits	\$ 21,510.00		Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ 63,691.00		Year 1 base salary plus Year 1 fringe benefits.

Applicant Legal Name: Visalia Police Department

ORI (Assigned by FBD): 0 5 4 0 7 0 0

2. Cost Per Full-Time Officer - Year 2

Current Annual Entry-Level Base Salary	\$ 43,868.00	% of base salary
Annual Fringe Benefits:		
*Social Security	\$ 636.00	1.5 %
*Medicare	\$.00	0 %
Health Insurance	\$ 9,431.00	21.5 %
Life Insurance	\$.00	0 %
Vacation	\$.00	0 %
Sick Leave	\$.00	0 %
Retirement	\$ 5,830.00	13.3 %
*Worker's Comp.	\$ 4,120.00	9.4 %
*Unemployment Ins.	\$ 82.00	.2 %
Other LTD	\$ 298.00	.7 %
Other Holiday Pay	\$ 928.00	2.1 %
Standby Pay	\$ 1,000.00	2.3 %
Total Fringe Benefits	\$ 21,689.00	
Total Year 2 Salary and Benefits	\$ 65,557.00	

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here

Cost for Medicare may not exceed 1.45%. If exempt check here

Costs toward health insurance coverage; please indicate if this is for Family Coverage Yes No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: _____

Sick leave costs, if not included in base salary. # of hours annually: _____

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

3. Cost Per Full-Time Officer - Year 3

Current Annual Entry-Level Base Salary	\$ 46,061.00	% of base salary
Annual Fringe Benefits:		
*Social Security	\$ 602.00	1.3 %
*Medicare	\$.00	0 %
Health Insurance	\$ 9,808.00	21.3 %
Life Insurance	\$.00	0 %
Vacation	\$.00	0 %
Sick Leave	\$.00	0 %
Retirement	\$ 6,122.00	13.3 %
*Worker's Comp.	\$ 4,326.00	9.4 %
*Unemployment Ins.	\$ 82.00	.2 %
Other LTD	\$ 313.00	.7 %
Other Holiday Pay	\$ 974.00	2.1 %
Standby Pay	\$ 1,000.00	2.2 %
Total Fringe Benefits	\$ 23,227.00	
Total Year 3 Salary and Benefits	\$ 69,288.00	

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here

Cost for Medicare may not exceed 1.45%. If exempt check here

Costs toward health insurance coverage; please indicate if this is for Family Coverage Yes No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: _____

Sick leave costs, if not included in base salary. # of hours annually: _____

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

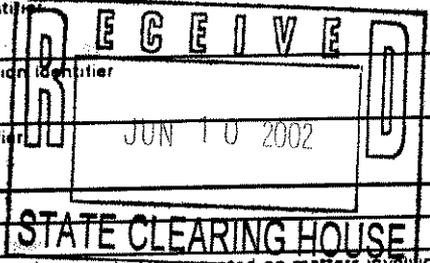
Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

APPLICATION FOR FEDERAL ASSISTANCE

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



5. APPLICANT INFORMATION

Legal Name: **CITY OF AVENAL** Organizational Unit: **STATE CLEARING HOUSE**

Address (give city, county, state, and zip code):
CITY OF AVENAL
919 Skyline Blvd.
Avenal, CA 93204

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

6. EMPLOYER IDENTIFICATION (EIN):
9 4 - 2 6 0 8 2 7 3

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

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

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in

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

9. NAME OF FEDERAL AGENCY:
United States
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 1 - 3 0 0

TITLE: **Public Works**

AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
City of Avenal, Kings County, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CITY OF AVENAL
OASIS BUSINESS PARK PROJECT

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:** Calvin Dooley, 20th Congressional Dist.

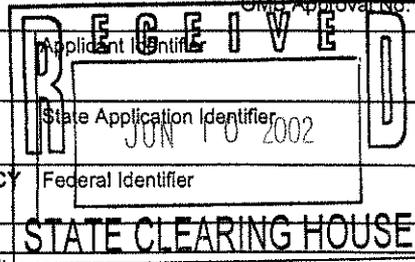
Start Date 7/2002	Ending Date 4/2003	a. Applicant 20th Congressional Dist.	b. Project 20th Congressional Dist.
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	3,135,960	.00
b. Applicant	\$	784,040	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. Total	\$	3,920,000	.00
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>April 2002</u>	
		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	

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

a. Type Name of Authorized Representative Melissa G. Whitten	b. Title City Manager	c. Telephone Number 559 386-5766
d. Signature of Authorized Representative 	e. Date Signed April 29, 2002	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043



1. TYPE OF SUBMISSION:		2. DATE SUBMITTED May 3, 2002
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE
		4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: Ducor Community Services District	Organizational Unit: Special District
--	--

Address (give city, county, State, and zip code): P.O. Box 187 Ducor, CA 93218	Name and telephone number of person to be contacted on matters involving this application (give area code): Judy Duncan 559/534-2789 or Anna Scofield 559/651-1000 ext. 658
--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0254861	7. TYPE OF APPLICANT: (enter appropriate letter in box) G
--	--

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Emergency Community Water Assistance Grant TITLE: 10-763	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ducor Emergency Water Supply Construction of a new well and system improvements to supply water to the community.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ducor CSD, Tulare County, California	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: William Thomas
Start Date: 6/1/02 Ending Date: 8/1/02	a. Applicant: 21 b. Project: 21

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 500,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 3, 2002
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$ 3,000.00 Weill Foundation	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 503,000.00	

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

a. Type Name of Authorized Representative Grace Castillo	b. Title President	c. Telephone Number 559/534-2789
j. Signature of Authorized Representative Grace Castillo		e. Date Signed May 3, 2002

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Hemet Unified School District

Address: 2350 W. Latham Avenue

Hemet

City

Organizational Unit

Hemet Unified School District

2. Applicant's D-U-N-S Number 0 3 9 5 0 3 7 7 6

3. Applicant's T-I-N 5 2 - 1 5 2 7 1 7 4

4. Catalog of Federal Domestic Assistance #: 8 4 | 2 8 7

Title: Carol M. White

Physical Education Program

5. Project Director: Richard Husband, Ed. D.

Address: 2350 W. Latham Avenue

Hemet

City (909)

Tel. #: 791-2536

CA

State

92545-3637

ZIP Code + 4

Fax #: (909) 765-5119

E-Mail Address: rhusband@hemetusd.k12.ca.us

6. Novice Applicant Yes No 2002

7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.) Yes No

8. Type of Applicant (Enter appropriate letter in the box.) F

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Private, Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify):

Application Information

9. Type of Submission:

- PreApplication
- Construction
- Non-Construction
- Application
- Construction
- Non-Construction

10. Is application subject to review by Executive Order 12372 process?

- Yes (Date made available to the Executive Order 12372 process for review): _____
- No (If "No," check appropriate box below.)
 - Program is not covered by E.O. 12372.
 - Program has not been selected by State for review.

Start Date: 7-1-02 End Date: 6-30-03

11. Proposed Project Dates:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

- Yes (Go to 12a.)
- No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

- Yes (Provide Exemption(s) #): _____
- No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Fitness FUNDamentals

Estimated Funding

14a. Federal	\$	304,369	.00
b. Applicant	\$	32,209	.00
c. State	\$	-0-	.00
d. Local	\$	-0-	.00
e. Other	\$	-0-	.00
f. Program Income	\$	-0-	.00
g. TOTAL	\$	336,578	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application 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 (Please type or print name clearly.)

Stephen C. Teele, PH.D

b. Title

Superintendent

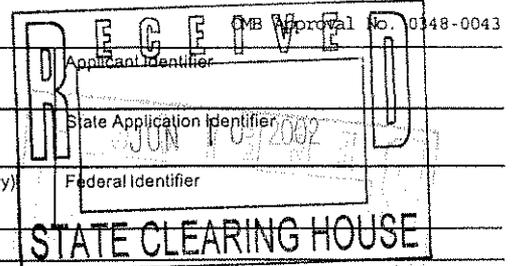
c. Tel. # (909) 765-5100 x2420 Fax #: (909) 765-5115

d. E-Mail Address: steele@hemetusd.k12.ca.us

e. Signature of Authorized Representative

Date: 6/5/02

Application for Federal Assistance



1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) June 3, 2002	Applicant Identifier
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
	STATE CLEARING HOUSE	

5. Applicant Information

Legal Name: **Buckelew Programs** Organizational Unit: _____

Address (give city, county, State, and zip code):
914 Mission Avenue
San Rafael, CA 94901

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Katherine Crecelius
PO Box 967
Novato, CA 94948 415-892-9706

6. Employer Identification Number (EIN) (xx-yyyymm)

23 - 7988977

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

A. State J. Private University
B. County K. Indian Tribe
C. Municipal L. Individual
D. Township M. Profit Organization
E. Interstate N Nonprofit
F. Inter-municipal O Public Housing Agency
G. Special District P. Other (Specify)
H. Independent School Dist.
I. State Controlled Institution of Higher Learning

8. Type of Application:
 New Continuation Revision
If Revision, enter appropriate letter(s) in box(es):
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify)

9. Name of Federal Agency
U.S. Dept. of Housing and Urban Dev.

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Section 811 14 - 181
Title: Supportive Housing for Persons with Disabilities

11. Descriptive Title of Applicant's Project
development of 15 apartments for very low-income persons with chronic mental illness

12. Areas Affected by Project (cities, counties, States, etc.)
Sonoma County

13. Proposed Project	14. Congressional Districts of
Start Date (mm/dd/yyyy) 6/03 Ending Date (mm/dd/yyyy) 4/04	a. Applicant 6 b. Project 6

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Federal \$ 1,497,750 .00 b. Applicant \$ 10,000 .00 c. State \$ 150,000 .00 d. Local \$ 380,200 .00 e. Other \$ 181,850 .00 f. Program Income \$.00 g. Total \$2,219,800 .00	a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) June 3, 2002 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> 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/pre-application 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 Jay Zlotnick	b. Title Executive Director	c. Telephone Number (Include Area Code) 415-457-6964
d. Signature of Authorized Representative 	e. Date Signed (mm/dd/yyyy) 06/03/2002	

Application for Federal Assistance

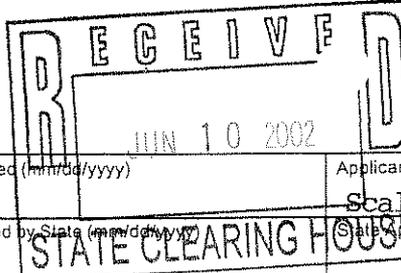


EXHIBIT 7 (a)

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy)	Applicant Identifier Scalabrini
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information Legal Name Society to Aid Retarded, Inc. (STAR) Address (give city, county, State, and zip code) PO Box 1075 Torrance, CA 90505	Organizational Unit Housing Name and telephone number of the person to be contacted on matters involving this application (give area code) Phipps Carr & Assoc. 661-266-2577 661-266-3016 (fax)
--	--

6. Employer Identification Number (EIN) (xx-yyyzzz) 23 - 7404832	7. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N Nonprofit O Public Housing Agency P. Other (Specify)
--	--

8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	9. Name of Federal Agency Dept. of HUD
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: supportive housing for disabled 14 - 157	11. Descriptive Title of Applicant's Project Acquisition/rehabilitation of a 6 bed group home for developmentally disabled

12. Areas Affected by Project (cities, counties, States, etc.) Torrance, LA County, CA	13. Proposed Project Start Date (mm/dd/yyyy) 12-02 Ending Date (mm/dd/yyyy) 12-03	14. Congressional Districts of a. Applicant 28 b. Project 28
--	--	---

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 6-3-02 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal \$.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. Total \$.00	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No

18. To the best of my knowledge and belief, all data in this application/pre-application 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 Thomas M. Mullen	b. Title President	c. Telephone Number (Include Area Code) 310-225-1670
d. Signature of Authorized Representative <i>Thomas M. Mullen</i>	e. Date Signed (mm/dd/yyyy) 6-1-02	

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

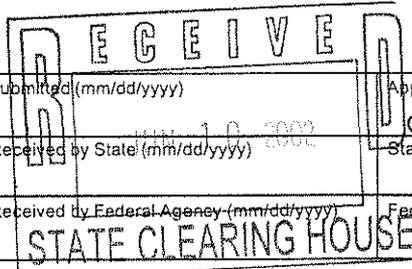
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

OMB Approval No. 0348-0043



1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy)	Applicant Identifier Caribou
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information

Legal Name Society to Aid Retarded, Inc. (STAR) Address (give city, county, State, and zip code) PO Box 1075 Torrance, CA 90505	Organizational Unit Housing Name and telephone number of the person to be contacted on matters involving this application (give area code) Phipps Carr & Assoc. 661-266-2577 661-266-3016 (fax)
--	--

6. Employer Identification Number (EIN) (xx-yyyymm)

23 - 7404832

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

8. Type of Application:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

9. Name of Federal Agency
Dept. of HUD

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title: **14 - 157**
supportive housing for disabled

11. Descriptive Title of Applicant's Project
Acquisition/rehabilitation of a 6 bed group home for developmentally disabled

12. Areas Affected by Project (cities, counties, States, etc.)
Torrance, LA County, CA

13. Proposed Project

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	14. Congressional Districts of
12-02	12-03	a. Applicant 28 b. Project 28

15. Estimated Funding

a. Federal	\$	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. Total	\$	.00

16. Is Application Subject to Review by State Executive Order 12372 Process?
 a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
 Date (mm/dd/yyyy) **6-3-02**
 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/pre-application 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 Thomas M. Mullen	b. Title President	c. Telephone Number (Include Area Code) 310-225-1670
d. Signature of Authorized Representative <i>Thomas M. Mullen</i>	e. Date Signed (mm/dd/yyyy) 6-1-02	

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

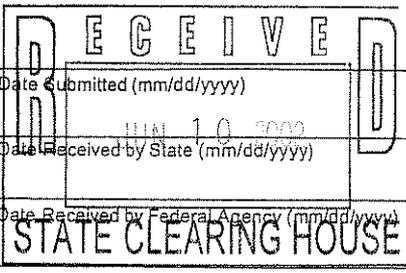
Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

(a)

OMB Approval No. 0348-0043



2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
JUN 10 2002	Anja
3. Date Received by State (mm/dd/yyyy)	State Application Identifier
4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information

Legal Name Home of Guiding Hands	Organizational Unit Housing
Address (give city, county, State, and zip code) 10025 Los Ranchitos Road Lakeside, CA. 92040 San Diego County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Susan Phipps Carr or Julie Jordan 661-266-2577 661-266-3016 (fax)

6. Employer Identification Number (EIN) (xx-yyyzzzz)

95 - 6058273

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

A. State	J. Private University
B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N Nonprofit
F. Inter-municipal	O Public Housing Agency
G. Special District	P. Other (Specify)
H. Independent School Dist.	
I. State Controlled Institution of Higher Learning	

8. Type of Application:

New Continuation Revision

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

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

9. Name of Federal Agency
Dept. of HUD

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

14 - 157

Title:
housing for developmentally disabled

11. Descriptive Title of Applicant's Project
group home for 6 developmentally disabled

12. Areas Affected by Project (cities, counties, States, etc.)
Lakeside, San Diego County, CA

13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) 12-02	Ending Date (mm/dd/yyyy) 12-03	a. Applicant 52nd	b. Project 52nd

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
Date (mm/dd/yyyy) 6-3-02

b. No Program is not covered by E.O. 12372
or Program has not been selected by State for review.

Complete form HUD-424-M, Funding Matrix

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/pre-application 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 Carol Fitzgibbons	b. Title Executive Director	c. Telephone Number (Include Area Code) 619-448-3700
d. Signature of Authorized Representative <i>Carol G. Fitzgibbons</i>		e. Date Signed (mm/dd/yyyy) 4/30/02

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

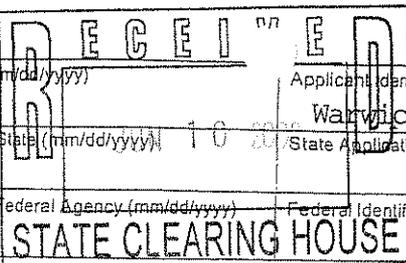
Total: Please total all columns and fill in the amounts.

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/28/02	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: Self-Help Enterprises		3. DATE RECEIVED BY STATE	State Application Identifier
Address (give city, county, State, and zip code): 8445 W. Elwin Court P.O. Box 6520 Visalia, CA 93290		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 1592676		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 10 2002 STATE CLEARING HOUSE </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Section 514 TITLE: Farm Labor Housing Loan Program		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Del Rey, County of Fresno		9. NAME OF FEDERAL AGENCY: USDA, Rural Housing Service	
13. PROPOSED PROJECT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 48-unit multi-family housing complex, community center and recreational facilities.	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 20		15. ESTIMATED FUNDING:	
Start Date 3/2003 Ending Date 11/2003		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 5/28/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 3,000,000 b. Applicant \$ c. State \$ 700,000 d. Local \$ e. Other \$ 2,500,000 f. Program Income \$ g. TOTAL \$ 6,200,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Peter N. Caray		b. Title Secretary	c. Telephone Number (559) 651-1000
d. Signature of Authorized Representative		e. Date Signed 5-23-2002	

Assistance



2. Date Submitted (mm/dd/yyyy) _____ Applicant Identifier
 Warwick
 3. Date Received by State (mm/dd/yyyy) 10 2002 State Application Identifier
 4. Date Received by Federal Agency (mm/dd/yyyy) _____ Federal Identifier

1. Type of Submission

Application Pre-application

Construction Construction

Non-Construction Non-Construction

5. Applicant Information

Legal Name: Villa Esperanza Organizational Unit: Housing

Address (give city, county, State, and zip code):
 2116 E. Villa St.
 Pasadena, CA. 91107
 LA County

Name and telephone number of the person to be contacted on matters involving this application (give area code):
 Susan Phipps Carr or Julie Jordan
 661-266-2577
 661-266-3016 (fax)

6. Employer Identification Number (EIN) (xx-yyyzzzz)

95 - 2148860

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

A. State J. Private University
 B. County K. Indian Tribe
 C. Municipal L. Individual
 D. Township M. Profit Organization
 E. Interstate N Nonprofit
 F. Inter-municipal O Public Housing Agency
 G. Special District P. Other (Specify)
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning

8. Type of Application:

New Continuation Revision

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

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

9. Name of Federal Agency
 Dept. of HUD

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title: 14 - 157
 supportive housing for disabled

11. Descriptive Title of Applicant's Project
 acquisition/rehabilitation of 6 bed group home

12. Areas Affected by Project (cities, counties, States, etc.)
 Thousand Oaks, Ventura County, CA 91360

13. Proposed Project 14. Congressional Districts of

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant	b. Project
12-02	12-03	27th	24

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

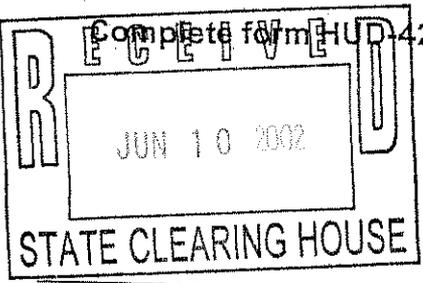
a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
 Date (mm/dd/yyyy) 6-3-02

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/pre-application 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 Dottie Nelson	b. Title Chief Executive Officer	c. Telephone Number (Include Area Code) 525-449-2919
Signature of Authorized Representative <i>Dottie Nelson</i>		e. Date Signed (mm/dd/yyyy) 6-1-02



Complete form HUD-424-M, Funding Matrix

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

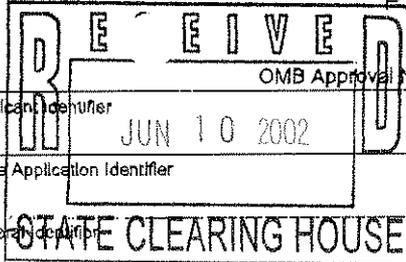
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043



1. TYPE OF SUBMISSION: Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California State Coastal Conservancy	Organizational Unit:
Address (give city, county, state, and zip code): 1330 Broadway, Suite 1100 Oakland, CA 94612	Name and telephone number of the person to be contacted on matters involving this application (give area code): Janet Diehl, 510-286-4164

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 3164968	7. TYPE OF APPLICANT: (enter appropriate letter in box) A
6. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: National Coastal Wetland Conservation Grant 15 - 614	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Carpinteria Salt Marsh Basin 1 Restoration Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Carpinteria Salt Marsh, Santa Barbara County, Calif.	

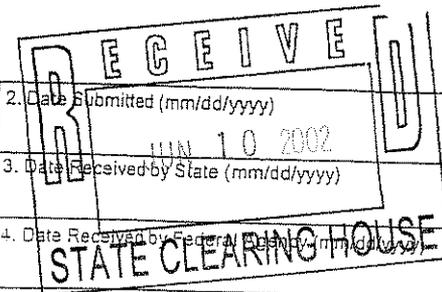
13. PROPOSED PROJECT Start Date: 1/03 Ending Date: 6/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California 9th b. Project: California 22nd
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 530,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 10, 2002
b. Applicant \$ 525,000.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$	
d. Local \$ 186,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ 20,000.00	
f. Program Income \$	
g. TOTAL \$ 1,261,000.00	

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

a. Type Name of Authorized Representative Sam Schuchat	b. Title Executive Officer	c. Telephone Number 510-286-1015
d. Signature of Authorized Representative <i>Sam Schuchat</i>		e. Date Signed June 10, 2002

Application for Federal Assistance

OMB Approval No. 0348-0



1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy)	Applicant Identifier Fullerton
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
	5. Applicant Information	

Legal Name Marian Homes for the Physically Handicapped and Developmentally Disabled, Inc.	Organizational Unit Housing
Address (give city, county, State, and zip code) 3424 Wilshire Blvd. 2nd floor Los Angeles, CA. 90010-2241 Los Angeles County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Susan Phipps Carr or Julie Jordan 661-266-2577 661-266-3016 fax

6. Employer Identification Number (EIN) (xx-yyyzzzz) 95 - 4095764	7. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> N
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N. Nonprofit F. Inter-municipal O. Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: 14 - 157 Supportive Housing for disabled adults	9. Name of Federal Agency Dept. of HUD 11. Descriptive Title of Applicant's Project acquisition/rehabilitation of 5 unit apartmt for developmentally disabled persons

12. Areas Affected by Project (cities, counties, States, etc.) Fullerton, Orange, CA

13. Proposed Project Start Date (mm/dd/yyyy) 12-02 Ending Date (mm/dd/yyyy) 12-03	14. Congressional Districts of a. Applicant 30th b. Project 40th
---	--

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 6-3-02 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> 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	

Complete form HUD-424-M, Funding Matrix

18. To the best of my knowledge and belief, all data in this application/pre-application 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 Veronica Gray	b. Title President	c. Telephone Number (Include Area Code) 213-637-7243
d. Signature of Authorized Representative <i>Veronica Gray</i>	e. Date Signed (mm/dd/yyyy) 6-1-02	

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

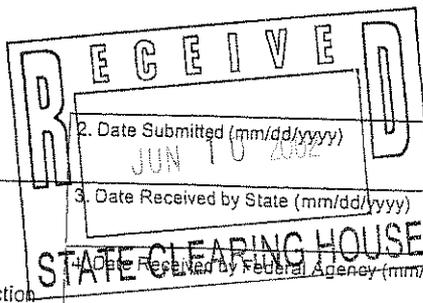
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

OMB Approval No. 0348-004



1. Type of Submission

Application

Construction Non-Construction

Pre-application

Construction Non-Construction

2. Date Submitted (mm/dd/yyyy)
JUN 10 2002

3. Date Received by State (mm/dd/yyyy)

4. Date Received by Federal Agency (mm/dd/yyyy)

Applicant Identifier
Alleluia

State Application Identifier

Federal Identifier

5. Applicant Information

Legal Name
Marian Homes for the Physically Handicapped and Developmentally Disabled, Inc.

Address (give city, county, State, and Zip code)
**3424 Wilshire Blvd. 2nd floor
Los Angeles, CA. 90010-2241
Los Angeles County**

Organizational Unit
Housing

Name and telephone number of the person to be contacted on matters involving this application (give area code)
**Susan Phipps Carr or Julie Jordan
661-266-2577
661-266-3016 fax**

6. Employer Identification Number (EIN) (xx-yyyzzzz)

95 - **4095764**

8. Type of Application:

New Continuation Revision

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

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

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

- A. State J. Private University
B. County K. Indian Tribe
C. Municipal L. Individual
D. Township M. Profit Organization
E. Interstate N. Nonprofit
F. Inter-municipal O. Public Housing Agency
G. Special District P. Other (Specify)
H. Independent School Dist.
I. State Controlled Institution of Higher Learning

N

9. Name of Federal Agency

Dept. of HUD

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title:

14 - **157**

Supportive Housing for disabled adults

11. Descriptive Title of Applicant's Project

acquisition/rehabilitation of 1 6-bed group homes for developmentally disabled persons

12. Areas Affected by Project (cities, counties, States, etc.)

Anaheim, Orange County, CA 92085

13. Proposed Project

Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)
12-02 12-03

14. Congressional Districts of

a. Applicant
30th

b. Project

40th

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

- a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) **6-3-02**

- 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/pre-application 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

Veronica Gray

b. Title

President

c. Telephone Number (Include Area Code)

213-637-7243

d. Signature of Authorized Representative

Veronica Gray

e. Date Signed (mm/dd/yyyy)

6-1-02

Previous Edition Usable
Authorized for Local Reproduction

Complete form HUD-424-M, Funding Matrix

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

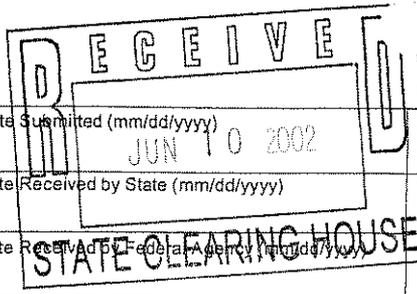
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

OMB Approval No. 0348-0043



2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
JUN 10 2002	TLC
3. Date Received by State (mm/dd/yyyy)	State Application Identifier
4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

1. Type of Submission

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

5. Applicant Information

Legal Name Therapeutic Living Centers for the Blind (TLC)	Organizational Unit Housing
Address (give city, county, State, and zip code) 7955 Lindley, Ave. Reseda, CA. 91355 Los Angeles County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Susan Phipps Carr or Julie Jordan 661-266-2577 661-266-3016 (fax)

6. Employer Identification Number (EIN) (xx-yyyzzzz)

95 - 0088012

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

A. State	J. Private University
B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N. Nonprofit
F. Inter-municipal	O. Public Housing Agency
G. Special District	P. Other (Specify)
H. Independent School Dist.	
I. State Controlled Institution of Higher Learning	

8. Type of Application:

New Continuation Revision

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

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

9. Name of Federal Agency
Dept. HUD

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

Title: 14 - 157

Supportive Housing for disabled adults

11. Descriptive Title of Applicant's Project

Acquisition, of a 6 bed group home for developmentally disabled blind

12. Areas Affected by Project (cities, counties, States, etc.)

Van Nuys, Los Angeles County, CA.

13. Proposed Project	14. Congressional Districts of
Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	a. Applicant b. Project
12-01 12-02	25th 25th

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) 6-3-02

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/pre-application 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 Ford Neale	b. Title Executive Director	c. Telephone Number (Include Area Code) 818-708-1740
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy) 6-1-02

Complete form HUD-424-M; Funding Matrix

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

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This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

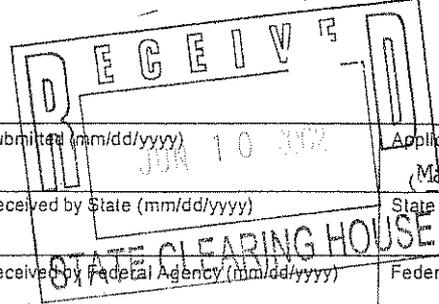
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

OMB Approval No. 0348-0



2. Date Submitted (mm/dd/yyyy)	Applicant Identifier
JUN 10 2002	Mar Vista
3. Date Received by State (mm/dd/yyyy)	State Application Identifier
4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

1. Type of Submission

Application Pre-application

Construction Construction

Non-Construction Non-Construction

5. Applicant Information

Legal Name

Training Education for Retarded, Inc. (TERI)

Address (give city, county, State, and zip code)

3255 Roymar Road Suite A
Oceanside, CA 92054
San Diego County

Organizational Unit

housing

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

Julie Jordan
661-266-2577

6. Employer Identification Number (EIN) (xx-yyyzzzz)

95-0502678

8. Type of Application:

New Continuation Revision

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

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

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

N

A. State J. Private University
B. County K. Indian Tribe
C. Municipal L. Individual
D. Township M. Profit Organization
E. Interstate N. Nonprofit
F. Inter-municipal O. Public Housing Agency
G. Special District P. Other (Specify)
H. Independent School Dist.
I. State Controlled Institution of Higher Learning

9. Name of Federal Agency

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

14-157

Title: housing for developmentally disabled

12. Areas Affected by Project (cities, counties, States, etc.)

Vista, CA. San Diego County

11. Descriptive Title of Applicant's Project

acquisition/rehabilitation of group home for developmentally disabled

13. Proposed Project

Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

12-02 12-03

14. Congressional Districts of

a. Applicant b. Project

74th 51st

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to State Executive Order 12372 Process for review on:

Date (mm/dd/yyyy) 6-3-02

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

or Program has not been selected by State for review.

Complete form HUD-424-M, Funding Matrix

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/pre-application are true and correct, the document has been authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number (Include Area Code)
Cheryl Kilmer	Executive Director	750-721-1706
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy)
		6-1-02

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form SF-424 (7/95)
Prescribed by OMB Circular A-1

Federal Assistance Funding Matrix

OMB Approval (pending)

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

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This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Application for Federal Assistance

RECEIVED
JUN 10 2002
STATE CLEARING HOUSE

(a)

OMB Approval No. 0348-00

1. Type of Submission Application Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 3. Date Received by State (mm/dd/yyyy) 4. Date Received by Federal Agency (mm/dd/yyyy)	Applicant Identifier State Application Identifier Federal Identifier
--	---	--

5. Applicant Information Legal Name <u>Home of Guiding Hands</u>	Organizational Unit <u>Housing</u>
Address (give city, county, State, and zip code) <u>10025 Los Ranchitos Road</u> <u>Lakeside, CA. 92040</u> <u>San Diego County</u>	Name and telephone number of the person to be contacted on matters involving this application (give area code) <u>Susan Phipps Carr or Julie Jordan</u> <u>661-266-2577</u> <u>661-266-3016 (fax)</u>

6. Employer Identification Number (EIN) (xx-yyyzzzz) <u>95</u> — <u>6058273</u>	7. Type of Applicant (enter appropriate letter in box) N A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N Nonprofit F. Inter-municipal O Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	9. Name of Federal Agency <u>Dept. of HUD</u>

10. Catalog of Federal Domestic Assistance Number (xx-yyy) <u>14</u> — <u>157</u> Title: <u>housing for developmentally disabled</u>	11. Descriptive Title of Applicant's Project <u>group home for 6 developmentally disabled</u>
---	--

12. Areas Affected by Project (cities, counties, States, etc.) <u>Lakeside, San Diego County, CA</u>	
---	--

13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) <u>12-0-2</u> <u>12-0-3</u>	14. Congressional Districts of a. Applicant b. Project <u>52nd</u> <u>52nd</u>
--	---

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) <u>6-3-02</u> b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
-----------------------	--

Complete form HUD-424-M, Funding Matrix

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/pre-application 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 <u>Carol Fitzgibbons</u>	b. Title <u>Executive Director</u>	c. Telephone Number (Include Area Code) <u>619-448-3700</u>
d. Signature of Authorized Representative <u>Carol G. Fitzgibbons</u>		e. Date Signed (mm/dd/yyyy) <u>4/30/02</u>

Previous Edition Usable
Authorized for Local Reproduction

form SF-424 (7/97)
Prescribed by OMB Circular A-102

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	2,593	518,530					521,123
Grand Totals	2,593	518,530					521,123

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

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Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

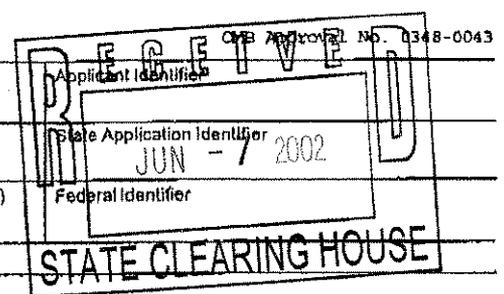
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

EXHIBIT 7 (a)

Application for Federal Assistance



1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 06/05/2002
	3. Date Received by State (mm/dd/yyyy)
	4. Date Received by Federal Agency (mm/dd/yyyy)
	Applicant Identifier State Application Identifier JUN - 7 2002 Federal Identifier

5. Applicant Information Legal Name Community Housing of North County	Organizational Unit
Address (give city, county, State, and zip code) 1820 S. Escondido Blvd. Suite 101 Escondido, CA 92025	Name and telephone number of the person to be contacted on matters involving this application (give area code) Jerry Lohla 760.432.6878 x 316

6. Employer Identification Number (EIN) (xx-yyyzzz) 33 - 0317950	7. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> N
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N Nonprofit O Public Housing Agency P. Other (Specify)

9. Name of Federal Agency U.S. Department of Housing Urban Development

10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: HUD Section 202 14 - 157	11. Descriptive Title of Applicant's Project Lake Boulevard Senior Apartments 106 unit apartment community for very low income elderly in Oceanside, California
12. Areas Affected by Project (cities, counties, States, etc.) City of Oceanside, San Diego County, State of California	

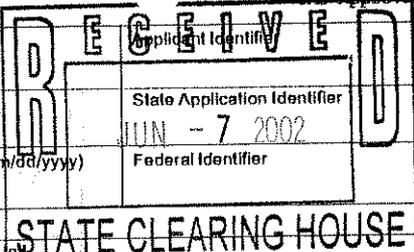
13. Proposed Project Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	14. Congressional Districts of a. Applicant 48th District b. Project 48th District
--	--

15. Estimated Funding a. Federal \$ 12,681,658 .00 b. Applicant \$.00 c. State \$.00 d. Local \$ 2,677,700 .00 e. Other \$.00 f. Program Income \$.00 g. Total \$.00	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 6/4/02 b. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> 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/pre-application 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 Susan M. Reynolds	b. Title Executive Director	c. Telephone Number (Include Area Code) 760.432.6878
d. Signature of Authorized Representative	e. Date Signed (mm/dd/yyyy) 6/3/02	

Application for Federal Assistance

OMB Approval No. 0348-0043



1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 6/5/02	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Application Identifier JUN - 7 2002
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information

Legal Name Menorah Housing Foundation	Organizational Unit Menorah Housing Foundation
Address (give city, county, State, and zip code) 1618 Cotner Avenue Los Angeles, CA 90025	Name and telephone number of the person to be contacted on matters involving this application (give area code) Anne Friedrich ph - (310) 477-4942 x26 fax- (310) 477-5307

6. Employer Identification Number (EIN) (xx-yyyymm)

23 - 7103775

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

A. State	J. Private University
B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N. Nonprofit
F. Inter-municipal	O. Public Housing Agency
G. Special District	P. Other (Specify)
H. Independent School Dist.	
I. State Controlled Institution of Higher Learning	

8. Type of Application:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

9. Name of Federal Agency
Department of Housing & Urban Development (HUD)

10. Catalog of Federal Domestic Assistance Number (xx-yyy)

14 - 157

Title:
Section 202 Supportive Housing for the Elderly

11. Descriptive Title of Applicant's Project
Silverlake Senior Housing
81 Units of Subsidized Housing for Very Low Income Elderly

12. Areas Affected by Project (cities, counties, States, etc.)
City of Los Angeles

13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) 10/1/02	Ending Date (mm/dd/yyyy) 10/1/05	a. Applicant Menorah Housing Foundation	b. Project Silverlake Senior Housing

15. Estimated Funding

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
Date (mm/dd/yyyy) 06/04/2002

b. No Program is not covered by E.O. 12372
or Program has not been selected by State for review.

Complete form HUD-424-M, Funding Matrix

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/pre-application 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 Anne Friedrich	b. Title President	c. Telephone Number (Include Area Code) (310) 477-4942 x26
d. Signature of Authorized Representative <i>Anne Friedrich</i>		e. Date Signed (mm/dd/yyyy) 6/13/02

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 202 Supportive Housing for the Elderly	\$10,000	\$9,696,783	0	\$900,000	0		10,596,783
Grand Totals	\$10,000	\$9,696,783	0	\$900,000	0		10,596,783

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

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Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

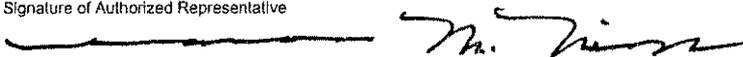
Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

314

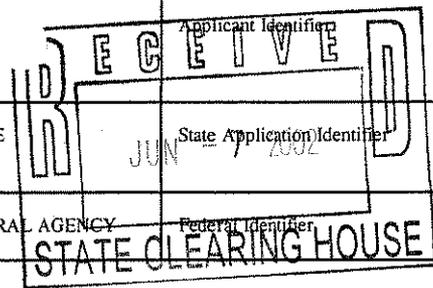
APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission <i>Application</i> <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 06/05/2002	Applicant Identifier RECEIVED State Applicant Identifier JUN 7 2002 Federal Identifier
		3. Date Received by State (mm/dd/yyyy)	
5. APPLICANT INFORMATION		4. Date Received by Federal Agency (mm/dd/yyyy)	
Legal Name: Homes for Life Foundation		Organizational Unit:	
Address (give city, county, state, and zip code): 8929 S. Sepulveda Blvd., Suite 506 Los Angeles, CA 90045		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nancy Lewis (310) 204-2358	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 3 - 0 2 4 8 7 2 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State I. State Controlled Institution of Higher Learning R. County J. Private University C. Municipal K. Indian Tribe D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Nonprofit G. Special District O. Public Housing Agency H. Independent School Dist. P. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 1 4 . 1 5 7 TITLE: Section 811		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HFL Van Nuys Apartments, 15 unit permanent, affordable, service-enhanced housing for persons with mental illness	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Los Angeles, Los Angeles County, California			
13. PROPOSED PROJECT: Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 07/01/2005 06/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 rd District b. Project 26 th District	
15. ESTIMATED FUNDING: Complete form HUD-424-M, Funding Matrix		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 (mm/dd/yyyy) 06/04/2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> 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. Typed Name of Authorized Representative Carol M. Liess		b. Title Executive Director	c. Telephone number (Include Area Code) 310-337-7417
d. Signature of Authorized Representative 			e. Date Signed (mm/dd/yyyy) 05.30.02

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

JUNE 5, 2002



1. TYPE OF SUBMISSION

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

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: California Air Resources Board

Organizational Unit: Administrative Services Division

Address (give city, county, state, and zip code):
1001 I Street
P. O. Box 2815
Sacramento, CA 95812

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Valinda Debbs, Administrative (916) 322-8201
Leon Dolislager, Program (916) 323-1533

6. EMPLOYER IDENTIFICATION (EIN):
68-0288069

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

8. TYPE OF APPLICATION:

- New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es): A
 A. Increase Award B. Decrease Award
 C. Increase Duration D. Decrease Duration
 Other Specify: _____

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606

TITLE: Surveys, Studies, and Investigations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

To support the Lake Tahoe Atmospheric Deposition Study

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

State of California

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date

End Date

a. Applicant:

03

b. Project

Statewide

15. Estimated Funding:

a. Federal	\$	40,000.00
b. Applicant	\$	0.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL		\$40,000.00

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

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

DATE _____ Signature date _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Typed Name of Authorized Representative:
Larry Morris

b. Title:
Chief, Administrative Services

c. Telephone Number
(916) 322-8198

d. Signature of Authorized Representative

e. Date Signed

6/5/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB/Approval No. 0348-004

RECEIVED
 JUN - 7 2002
STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 6, 2002	Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier JUN - 7 2002
<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Coastal Conservancy Address (give city, county, state, and zip code): 1330 Broadway, Floor 11 Oakland, CA 94612-2530	Organizational Unit: Name and telephone number of the person to be contacted on matters involving this application (give area code): Moira McEnespy 510-286-4165
---	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 3164968	7. TYPE OF APPLICANT: (enter appropriate letter in box) A
---	--

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 - 614 TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Protection of the Stornetta Brothers Coastal Ranch property, including the Garcia River estuary and associated wetlands, Mendocino County, California
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lower Garcia River, Point Arena, Mendocino County, CA	
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13. PROPOSED PROJECT Start Date: 11/01/01 Ending Date: 12/31/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Barbara Lee b. Project: Mike Thompson
--	--

15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%;">1,000,000.00</td> </tr> <tr> <td>b. Applicant (State)</td> <td>\$</td> <td>3,000,000.00</td> </tr> <tr> <td>c. State (Other State)</td> <td>\$</td> <td>3,400,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>499,500.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>7,899,500.00</td> </tr> </table>	a. Federal	\$	1,000,000.00	b. Applicant (State)	\$	3,000,000.00	c. State (Other State)	\$	3,400,000.00	d. Local	\$		e. Other	\$	499,500.00	f. Program Income	\$		g. TOTAL	\$	7,899,500.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>06-07-02</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	1,000,000.00																				
b. Applicant (State)	\$	3,000,000.00																				
c. State (Other State)	\$	3,400,000.00																				
d. Local	\$																					
e. Other	\$	499,500.00																				
f. Program Income	\$																					
g. TOTAL	\$	7,899,500.00																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						

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

a. Type Name of Authorized Representative Samuel Schuchat	b. Title Executive Officer	c. Telephone Number 510-286-1015
d. Signature of Authorized Representative 		e. Date Signed

**Application for
Federal Assistance**

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

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

1. Type of Submission

Application

Preapplication

2. Date Submitted 6/5/02	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Mercy Housing California	8. Organizational Unit
---	------------------------

9. Address (give city, county, State, and zip code) A. Address: 3120 Freeboard Drive, Suite 202 B. City: West Sacramento C. County: Yolo D. State: CA E. Zip Code: 95691	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Christopher Glaudel B. Title: Assitant Secretary C. Phone: (916) 414-4417 D. Fax: (916) 414-4490 E. E-mail: cglaudel@mercyhousing.org
---	---

11. Employer Identification Number (EIN) or SSN 94-3081666	12. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. TDHE L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)
---	--

13. Type of Application
 New Continuation Renewal Revision
 If Revision, enter appropriate letters in box(es)
 A. Increase Amount B. Decrease Amount C. Increase Duration
 D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency
U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number
 Title: HUD Section 202
 Component Title: **14 ---157**

16. Descriptive Title of Applicant's Program
 Mercy Oaks Senior Housing
 63 units of supportive housing for the elderly and frail elderly

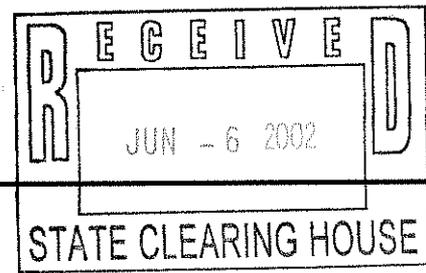
17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.)
 City of Redding, Shasta Co., California

18a. Proposed Program start date 8/1/04	18b. Proposed Program end date 8/1/05	19a. Congressional Districts of Applicant 3rd District	19b. Congressional Districts of Project 2nd District
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20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?
 A. Yes This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 06/04/02
 B. No Program is not covered by E.O. 12372
 Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? No
 Yes If "Yes," explain below or attach an explanation.



Funding Matrix

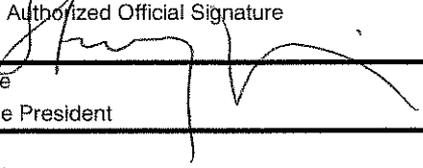
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	5,534,939				250,000	310,000		6,094,939
Grand Totals	5,534,939	0	0	0	250,000	310,000	0	6,094,939

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature 	Name (printed) Stanley Keasling	Date (mm/dd/yyyy) 6/2/02
Title Vice President		

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Long Beach Unified School District

Address:

1515 Hughes Way

Long Beach
City

CA
State

Los Angeles
County

90810 -
ZIP Code + 4

Organizational Unit

Curriculum, Instruction, & Professional Development

2. Applicant's D-U-N-S Number 072948854

3. Applicant's T-I-N 9516001886

4. Catalog of Federal Domestic Assistance #: 84

Title: Carol M. White Physical Education Program (PEP)

5. Project Director: Joan Van Blom

Address: 1299 E. 32nd Street, #10

Long Beach CA 90807
City State Zip code + 4
Tel. #: (562) 997-0632 Fax #: (562) 997-0413

E-Mail Address: jvanblom@lbusd.k12.ca.us

6. Novice Applicant Yes No

7. Is the applicant delinquent on any Federal debt? Yes No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) F

- A - State
- B - Local
- C - Special District
- D - Indian Tribe
- E - Individual
- F - Independent School District
- G - Public College or University
- H - Private, Non-profit College or University
- I - Non-profit Organization
- J - Private, Profit-Making Organization

K - Other (Specify): _____

Application Information

9. Type of Submission:

- Pre-Application Construction
- Non-Construction
- Application Construction
- Non-Construction

10. Is application subject to review by Executive Order 12372 process?

- Yes (Date made available to the Executive Order 12372 process for review): 6 / 4 / 2002
- No (If "No," check appropriate box below.)
 - Program is not covered by E.O. 12372.
 - Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 2002 9 / 30 / 2003
Start Date: End Date:

Estimated Funding

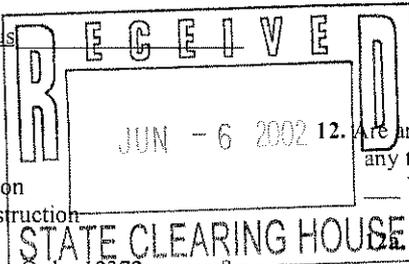
- 14a. Federal \$ 400,000 .00
- b. Applicant \$ 101,337 .00
- c. State \$ _____ .00
- d. Local \$ _____ .00
- e. Other \$ _____ .00
- f. Program Income \$ _____ .00
- g. TOTAL \$ 501,337 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application 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 (Please type or print name clearly.)
Tomio Nishimura
- b. Title: Chief Business and Financial Officer
- c. Tel. #: (562) 997-8189 Fax #: (562) 997- 8284
- d. E-Mail Address: tnishimura@lbusd.k12.ca.us
- e. Signature of Authorized Representative

Date: 6 / 4 / 2002



Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 12a.) No (Go to item 13.)

Are all the research activities proposed designated to be exempt from the regulations?
 Yes (Provide Exemption(s) #): _____
 No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:
Improving Student Health and Achievement through Physical Education

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/21/2002	Applicant Identifier CA0070100
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Antioch	Organizational Unit: Police Department
Address (give city, county, State, and zip code): 300 L Street Antioch, CA 94509-1100 Contra Costa County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Richard J. Marchoke - Acting Captain (925) 779-6903

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-6000293

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

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

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Justice
 Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 16-710
 TITLE: Universal Hiring Program 2002

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Hiring of 5 new full time police officers to add to our Community Based Policing Program implemented throughout the City.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City of Antioch

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
09/01/2002	09/01/2004	10th District	10th District

15. ESTIMATED FUNDING:

a. Federal	\$ 375,000.00
b. Applicant	\$ 750,950.00
c. State	\$ 0.00
d. Local	\$ 0.00
e. Other	\$ 0.00
f. Program Income	\$ 0.00
g. TOTAL	\$ 1,125,950.00

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

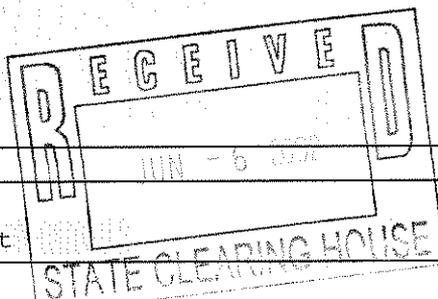
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 05/21/2002

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

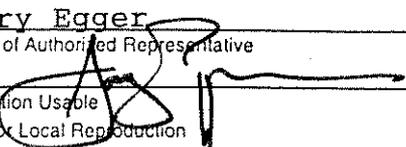
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes," attach an explanation. No

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

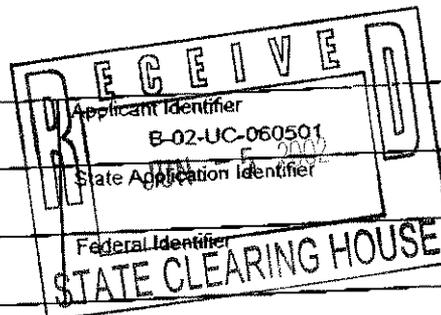
a. Typed Name of Authorized Representative Linda Pappas Diaz	b. Title Acting City Manager	c. Telephone Number (925) 779-7011
d. Signature of Authorized Representative <i>Linda Pappas Diaz</i>		e. Date Signed 5/21/02



R E C E I V E D
 JUN - 5 2002
 STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 5/31/02	Applicant Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: Tuolumne Utilities District Address (give city, county, State, and zip code): 18885 Nugget Blvd., P.O. Box 3728 Sonora, CA 95370		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Gary Egger 209-532-5536 X520	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0313842		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S.EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Appropriations Act Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tuolumne Ditch System Optimization Study	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County			
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/31/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 264,545. ⁰⁰ b. Applicant \$ 235,203. ⁰⁰ c. State \$ -0- ⁰⁰ d. Local \$ -0- ⁰⁰ e. Other \$ -0- ⁰⁰ f. Program Income \$ -0- ⁰⁰ g. TOTAL \$ 499,748. ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Gary Egger		b. Title District Engineer	c. Telephone Number 209-532-5536 X520
d. Signature of Authorized Representative 		e. Date Signed 5/31/02	

Application for Federal Assistance



1. Type of Submission: Application: Construction Preapplication: Not Applicable	2. Date Submitted 05/15/02
	3. Date Received by State
	4. Date Received by Federal Agency

5. Applicant Information	
Legal Name San Diego Urban County	Organizational Unit Dept. of Housing and Community Development
Address 3989 Ruffin Road San Diego, CA 92123 County of San Diego	Contact Frank Landerville (858) 694-4818
6. Employer Identification Number (EIN):	7. Type of Applicant: Consortium
8. Type of Application: Type: Continuation	
9. Name of Federal Agency:	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant	11. Descriptive Title of Applicant's Project Community Development Block Grant entitlement to be used for housing development, rehabilitation, public improvements, economic development, and planning, to improve the living environment of lower income families.
12. Areas Affected by Project: County Unincorporated Area & Cities of Coronado, Del Mar, Imperial Bch, Lemon Grove, Poway, San Marcos, Solana Bch.	

13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/02	End Date 06/30/03	a. Applicant 48, 49, 50, 51 and 52	b. Project 48, 49, 50, 51 and 52

15. Estimated Funding:	
a. Federal	\$6,513,000
b. Applicant	\$0
c. State	\$0
d. Local	\$0
e. Other	\$0
f. Program Income	\$1,390,000
g. Total	\$ 7,903,000

16. Is Application Subject to Review by State Executive Order 12372 Process?
 Review Status: Program covered
 Date: 05/15/02

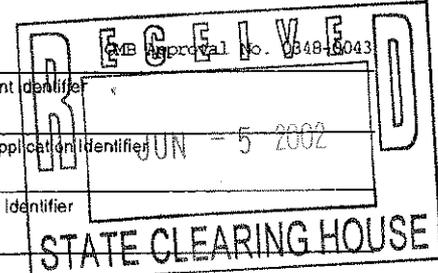
17. Is the Applicant Delinquent on Any Federal Debt?
 No

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 Ron Roberts	b. Title Chairman, Board of Supervisors	c. Telephone Number (619) 531-5700
d. Signature of Authorized Representative		e. Date Signed

HIBIT 7(a)

Application for Federal Assistance



1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 6/5/02		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)		State Application Identifier JUN - 5 2002	
		4. Date Received by Federal Agency (mm/dd/yyyy)		Federal Identifier	

5. Applicant Information Legal Name Tarzana Treatment Centers Address (give city, county, State, and zip code) 18646 Oxnard Street Tarzana, CA 91356 Los Angeles County		Organizational Unit
		Name and telephone number of the person to be contacted on matters involving this application (give area code) Albert Senella (818)996-1051

6. Employer Identification Number (EIN) (xx-yyyzzz) 94 - 2219349	7. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> N
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N Nonprofit O Public Housing Agency P. Other (Specify)

9. Name of Federal Agency Dept. of Housing & Urban Development	11. Descriptive Title of Applicant's Project Antelope Vista Housing Development
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: Section 811 - Supportive Housing for Persons with Disabilities 14 - 181	
12. Areas Affected by Project (cities, counties, States, etc.) Los Angeles County	

13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) 1/1/03	Ending Date (mm/dd/yyyy) 12/31/07	a. Applicant 23rd	b. Project 25th

Complete form HUD-424-M, Funding Matrix

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 6/5/02 b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> 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/pre-application 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 Albert Senella	b. Title Chief Operating Officer	c. Telephone Number (Include Area Code) 818-996-1051
d. Signature of Authorized Representative <i>Albert Senella</i>	e. Date Signed (mm/dd/yyyy) 5/31/02	

OMB Approval (pending)

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Section 811	8,085	1,994,497					2,002,582
Grand Totals	8,085	1,994,497					2,002,582

* For PHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD 202 Capital Advance		4,416,029					4,416,029
City of Livermore				2,500,000			2,500,000
Applicant	\$10,000						10,000
Grand Totals	10,000	4,416,029		2,500,000			6,926,029

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

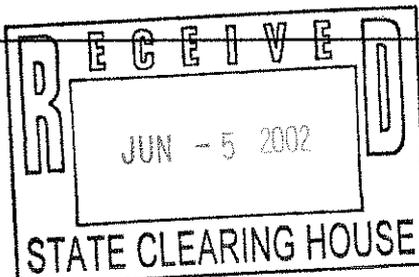
Total: Please total all columns and fill in the amounts.

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/30/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Monterey Bay Sanctuary Foundation		Organizational Unit: N/A	
Address (give city, county, State, and zip code): 299 Foam Street Monterey CA 93933		Name and telephone number of person to be contacted on matters involving this application (give area code) Bridget Hoover (831) 853-9303	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3225675		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON-PROFIT</u> </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <u>Surveys, Studies, Investigations and Special Purpose Grants</u> 66-606		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Snapshot Day 2003 - A California Coastwide Water Quality Monitoring Event.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/2002	Ending Date 7/2003	a. Applicant 17	b. Project 1-53
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/30/02</u>	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 30,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative DENNIS J. LONG		b. Title EXECUTIVE DIRECTOR	c. Telephone Number (831) 644-9600
d. Signature of Authorized Representative <i>Dennis J. Long</i>		e. Date Signed 5/30/02	

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 Authorized for Local Reproduction



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

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

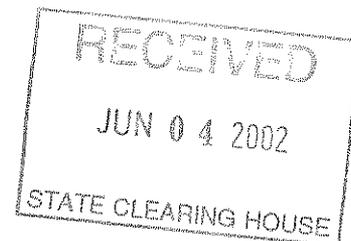
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-90-Y217
Budget Number:	1 - Budget Pending Approval
Project Information:	COP FY02; Irwindale Facility; Bus Compo.

Part 1: Recipient Information

Project Number:	CA-90-Y217
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824



Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

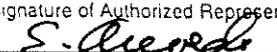
Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$7,529,073
Project Number:	CA-90-Y217	Adjustment Amt:	\$0
Project Description:	COP FY02; Inwindale Facility; Bus Compo.	Total Eligible Cost:	\$7,529,073
Recipient Type:	City	Total FTA Amt:	\$5,983,258
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Gil Victorio	Total Local Amt:	\$1,545,815
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2001 - Dec. 31, 2002	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt	
Review Date:	None Specified		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED MAY 31, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CITY OF PICO RIVERA		Organizational Unit: DEPARTMENT OF PUBLIC WORKS	
Address (give city, county, State, and zip code): 6615 PASSONS BOULEVARD PICO RIVERA CA 90660		Name and telephone number of person to be contacted on matters involving this application (give area code) MICHAEL MOORE (562) 801-4420	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [6 6] - [6 0 6]		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: OVERLOADED SEWER REPLACEMENT	
TITLE: STATE TRIBAL AND ASSISTANCE GRANT			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF PICO RIVERA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/03	Ending Date 6/03	a. Applicant NAPOLITANO (34)	
		b. Project NAPOLITANO (34)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 242,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>MAY 31, 2002</u>	
b. Applicant	\$ 600,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 842,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ENRIQUE ACEVEDO		b. Title DIRECTOR OF PUBLIC WORKS/CITY ENGINEER	c. Telephone Number 562-801-4415
d. Signature of Authorized Representative 		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0346-0043

2. Date Submitted		Applicant Identifier	
3. Date Received by State		State Application Identifier	
4. Date Rec'd by Fed Agency		Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name State Water Resources Control Board	Organizational Unit Division of Clean Water Programs
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752

6. EMPLOYER IDENTIFICATION NUMBER (ETN):
678--028119816

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

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

8. TYPE OF APPLICATION:

New Continuation Revision

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

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify)

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-905

TITLE: Leaking Underground Storage Tank Trust Fund Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.

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

13. PROPOSED PROJECT

Start Date	Ending Date
7/1/02	6/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant	b. Project
3	California--All

15. ESTIMATED FUNDING

a. Federal	\$ 3,597,688.00
b. Applicant	\$.00
c. State	\$ 405,299.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 4,002,987.00

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: June 4, 2002

b. NO: Program is not covered by EO 12372.
 Or program has not been selected by state for review.

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

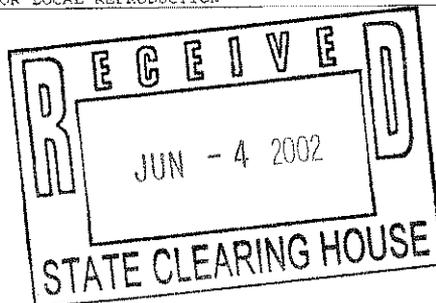
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Celeste Cantu	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

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AUTHORIZED FOR LOCAL REPRODUCTION



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application	Preapplication	3. Date Received by State	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Rec'd by Fed Agency	Federal Identifier
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction		

5. APPLICANT INFORMATION	
Legal Name State Water Resources Control Board	Organizational Unit Division of Clean Water Programs
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 8 1 9 8 6	7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>A</u>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify)	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 - 8 0 4 TITLE: Underground Storage Tanks Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Develop and implement regulatory programs for the prevention, detection, and correction of releases from UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICT OF:
Start Date: 7/1/02	a. Applicant: 3
Ending Date: 6/30/03	b. Project: California--All

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 249,000.00	a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: June 4, 2002
b. Applicant \$.00	b. NO: <input type="checkbox"/> Program is not covered by EO 12372.
c. State \$ 83,000.00	<input type="checkbox"/> Or program has not been selected by state for review.
d. Local \$.00	
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 332,000.00	

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. Typed Name of Authorized Representative Celeste Cantú	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/3/02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
RECEIVED JUN - 4 2002 STATE CLEARING HOUSE			
5. APPLICANT INFORMATION Legal Name: South Coast RC&D Address (give city, county, state, and zip code): 4500 Glenwood Drive, Building D Riverside, CA 92501		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Edwrad M. Umbach 909-682-3956	
6. EMPLOYER IDENTIFICATION (EIN): 3 3 - 0 8 2 0 5 1 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>RC&D Non-Profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA/NRCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 9 0 1 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Providing educational opportunities relating to soil erosion to underserved youth in Los Angeles.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Los Angeles			
13. PROPOSED PROJECT Start Date: 6/3/02 Ending Date: 12/31/02		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: South Coast RC&D b. Project: Natural Resources Partnership for youth	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 66,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/4/02</u>	
b. Applicant	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$	<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 (Attach explanation) <input checked="" type="checkbox"/> NO	
e. Other	\$		
f. Program Income	\$		
g. Total	\$ 66,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Marty Leavitt		b. Title President	c. Telephone Number (909) 682-3956
d. Signature of Authorized Representative <i>Marty Leavitt</i>		e. Date Signed 6/3/02	

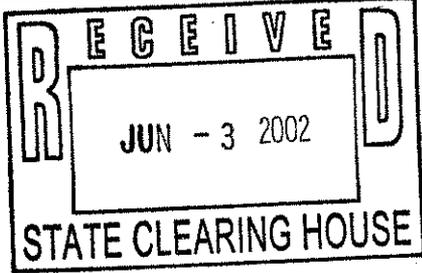
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0345-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4.26.02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: TEVISTON BETTERMENT ASSOCIATION		Organizational Unit: COMMUNITY	
Address (give city, county, State, and zip code): 12923 AVE 80 PO BOX T TEVISTON, TULARE CO, CA 93256		Name and telephone number of person to be contacted on matters involving this application (give area code): KATHERINE BERGLUND BAILEY 659.757.3131 NH8	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0563834		7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intra-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA, RURAL HOUSING SERVICES	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-71616 TITLE: COMMUNITY FACILITIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CONSTRUCT ADA ACCESSIBLE PAVED PARKING LOT FOR COMMUNITY FACILITY.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TEVISTON, TULARE CO, CALIF			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 20, Calvin Dooley b. Project District 20, CALVIN DOOLEY	
15. ESTIMATED FUNDING: a. Federal \$ 37,562 b. Applicant \$ 544,201 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 581,823		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 1. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/26/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative ALFRED KING		b. Title EXECUTIVE BOARD PRES.	c. Telephone Number 659.757.3131 NH8
d. Signature of Authorized Representative <i>Alfred King</i>		e. Date Signed 4.26.02	

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 Prescribed by OMB Circular A-102



Application for Federal Assistance

OMB Approval No. 0348-0043

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 (mm/dd/yyyy) / /	Applicant Identifier
	3. Date Received by State (mm/dd/yyyy) / /	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy) / /	Federal Identifier

5. Applicant Information

Legal Name Poplar Chamber of Commerce	Organizational Unit
Address (give city, county, State, and zip code) P.O. Box 3386 Poplar, CA 93258 Tulare County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Mike Clark (559) 784-5486

6. Employer Identification Number (EIN) (xx-yyyzzzz)
 -

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

A. State	J. Private University
B. County	K. Indian Tribe
C. Municipal	L. Individual
D. Township	M. Profit Organization
E. Interstate	N. Nonprofit
F. Inter-municipal	O. Public Housing Agency
G. Special District	P. Other (Specify)
H. Independent School Dist.	
I. State Controlled Institution of Higher Learning	

8. Name of Federal Agency
Rural Housing Service

B. Type of Application:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify)

10. Catalog of Federal Domestic Assistance Number (xx-yyy)
 -
 Title: Community Facilities Grants

11. Descriptive Title of Applicant's Project
Renovation of the community building in Poplar

12. Areas Affected by Project (cities, counties, States, etc.)
Poplar, Tulare County, CA

13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) 02/01/2002	Ending Date (mm/dd/yyyy) 10/31/2002	a. Applicant 21st	b. Project 21st

15. Estimated Funding		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) <u>04/19/2002</u> b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.
a. Federal	\$ 20,000.00	
b. Applicant	\$ 5,000.00	
c. State	\$ 40,000.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. Total	\$ 65,000.00	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No

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

a. Typed Name of Authorized Representative Michael D. Clark	b. Title President	c. Telephone Number (include Area Code) (559) 784-5486
d. Signature of Authorized Representative <i>Michael D. Clark</i>		e. Date Signed (mm/dd/yyyy) 4/22/02

Application for Federal Assistance

Tulare, California

EXHIBIT 7 (a)

OMB Approval No. 0348-0043

Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) May 23, 2002	Applicant Identifier
	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information

Legal Name <u>The Salvation Army a California Corporation</u>	Organizational Unit
Address (give city, county, State, and zip code) 180 East Ocean Blvd. Long Beach Los Angeles County, California 90802-4709	Name and telephone number of the person to be contacted on matters involving this application (give area code) W. Robert Richards 2210 Arcadia Place, Martinez, California 94553 Ph: (925) 372-3311 Fax: (925) 372-7426

6. Employer Identification Number (EIN) (xx-yyyzzz) 94 - 1156347	7. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> N
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N Nonprofit F. Inter-municipal O Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning
	9. Name of Federal Agency

10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: HUD Section 202 Application Supportive Housing for Low Income Seniors 14 - 157	11. Descriptive Title of Applicant's Project A 60 Unit Apartment Building for Low Income Seniors
12. Areas Affected by Project (cities, counties, States, etc.) Corner of "L" Street and Pine Tulare, County of Tulare, California 93274	

13. Proposed Project	14. Congressional Districts of
Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) March 2004 March 2005	a. Applicant b. Project 36th District California 21st District California

15. Estimated Funding		
a. Federal	\$	5,631,700.00
b. Applicant	\$	100,000.00
c. State	\$	0.00
d. Local	\$	1,311,840.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. Total	\$	7,043,180.00

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:
Date (mm/dd/yyyy) May 23, 2002

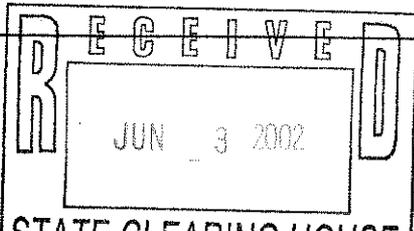
b. No Program is not covered by E.O. 12372
or Program has not been selected by State for review.

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/pre-application 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 <u>Allie Laura Niles</u>	b. Title Legal Secretary	c. Telephone Number (Include Area Code) (562) 491-8755
d. Signature of Authorized Representative <i>Allie Laura Niles</i>	e. Date Signed (mm/dd/yyyy) MAY 22 2002	

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form SF-424 (7/97)
Prescribed by OMB Circular A-102

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	11,368,313	10,000	0	0	2,000,000	855,000	0	14,233,313
Grand Totals	11,368,313	10,000	0	0	2,000,000	855,000	0	14,233,313

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature

Name (printed)

Dara Kovel

Title

Assistant Secretary

Date (mm/dd/yyyy)

5/3/02

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED 5-30-02	Applicant Identifier 90EQ0021/03
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: California/Nevada Community Action Association	Organizational Unit: N/A
---	-----------------------------

Address (give city, county, State, and zip code): 225 30th Street, Suite 200 Sacramento, Ca 95816	Name and telephone number of person to be contacted on matters involving this application (give area code) Lynn Victor (916) 443-1721 Fax# (916) 325-2549 Email-LVictor@Cal-Neva.Org
---	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

914-2392452

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

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

8. TYPE OF APPLICATION:

New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:
DHHS- ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93-570
TITLE: State Association Capacity Building Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CSBG Technical Assistance to CAA State Associations
ST.2.6

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

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF: 5

Start Date 9-1-02 Ending Date 8/31/03

a. Applicant California/Nevada Community Action Association

b. Project CAA Capacity Building

15. ESTIMATED FUNDING:

a. Federal	\$ 50,000	00
b. Applicant	\$ 16,400	00
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$ 66,400	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 5-30-02

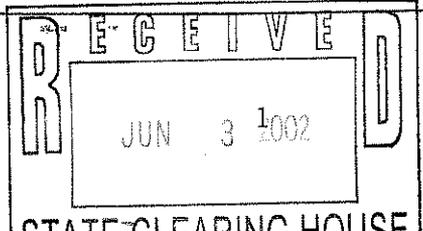
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative Lynn Victor	b. Title Executive Director	c. Telephone Number (916) 443-1721
d. Signature of Authorized Representative		e. Date Signed 5-30-02

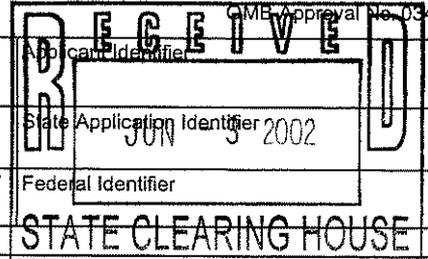
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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043



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

5. APPLICANT INFORMATION

Legal Name: CITY OF LAGUNA BEACH	Organizational Unit: PUBLIC WORKS DEPARTMENT
Address (give city, county, State, and zip code): 505 FOREST AVENUE LAGUNA BEACH, CA 92651	Name and telephone number of person to be contacted on matters involving this application (give area code): FRED SHAHIDI (949) 497-0345

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000729	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY (EPA)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2002/03 SEWER LINES REHABILITATION AND RECONSTRUCTION
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF LAGUNA BEACH - CALIFORNIA	

13. PROPOSED PROJECT SEWER REHAB.	14. CONGRESSIONAL DISTRICTS OF: 47th CONGRESSIONAL DISTRICT
Start Date: July 2002 Ending Date: June 2003	a. Applicant: CITY OF LAGUNA BEACH
15. ESTIMATED FUNDING:	
a. Federal	\$ 873,000.00
b. Applicant	\$ 727,000.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 1,600,000.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/28/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Type Name of Authorized Representative JOHN PIETIG	b. Title ACTING CITY MANAGER	c. Telephone Number (949) 497-0754
d. Signature of Authorized Representative <i>John Pietig</i>		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

DATE SUBMITTED
May 13, 2002

Applicant Ident.

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

5. APPLICANT INFORMATION

Legal Name: County of Plumas	Organizational Unit: Planning Department
Address (give city, county, state and zip code): 520 Main Street, Room 121 Quincy, Plumas County California 95971	Name and telephone number of the person to be contacted on matters involving this application (give area code): John McMorrow (530) 283-6420

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	5	2	8
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7. TYPE OF APPLICANT: (enter appropriate letter in box) **B**

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

8. TYPE OF APPLICATION:
 New Continuation Revision

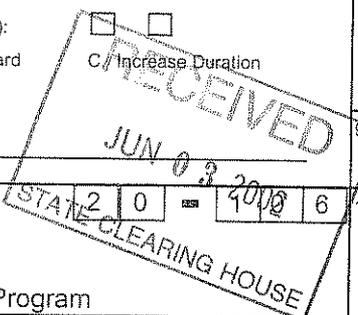
If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award
 C. Increase Duration D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
**Gansner Field, Quincy, Plumas County, California
See Page 2 of Form 424**

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



13. PROPOSED PROJECT:
Start Date: **2002** Ending Date: **2005**

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: **02** b. Project: **02**

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 20, 2002</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 2,151,180 .00	
b. Applicant	\$ 131,461 .00	
c. State	\$ 107,559 .00	
d. Local	\$ 0 .00	
e. Other	\$ 0 .00	
f. Program Income	\$ 0 .00	
g. TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No
g. TOTAL		\$ 2,390,200 .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. Typed Name of Authorized Representative John McMorrow	b. Title Airport Coordinator	c. Telephone Number (530) 283-6420
Signature of Authorized Representative 		e. Date Signed 5/23/02

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APPLICATION FOR FEDERAL ASSISTANCE

DATE SUBMITTED
May 13, 2002

Applicant Ident.

1. TYPE OF SUBMISSION:

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

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

State Application Identifier

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
County of Plumas

Address (give city, county, state and zip code):
**520 Main Street, Room 121
Quincy, Plumas County
California 95971**

Organizational Unit:
Planning Department

Name and telephone number of the person to be contacted on matters involving this application (give area code)
**John McMorrow
(530) 283-6420**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	—	6	0	0	0	5	2	8
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7. TYPE OF APPLICANT: (enter appropriate letter in box) **B**

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

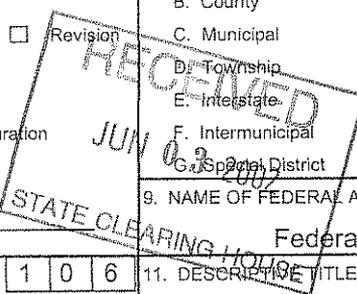
8. TYPE OF APPLICATION:

New Continuation Revision

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

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):



9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

2	0	—	1	0	6
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TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Rogers Field, Chester, Plumas County, California
See Page 2 of Form 424

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

13. PROPOSED PROJECT:

Start Date	Ending Date
2002	2004

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
02	02

15. ESTIMATED FUNDING:

a. Federal	\$ 4,615,470 .00
b. Applicant	\$ 282,057 .00
c. State	\$ 230,773 .00
d. Local	\$ 0 .00
e. Other	\$ 0 .00
f. Program Income	\$ 0 .00
g. TOTAL	\$ 5,128,300 .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 May 20, 2002

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation No

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

a. Typed Name of Authorized Representative John McMorrow	b. Title Airport Coordinator	c. Telephone Number (530) 283-6420
--	--	--

d. Signature of Authorized Representative 	e. Date Signed 5/23/02
---	----------------------------------

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 5/30/02	Applicant Identifier N/A
3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A
4. DATE RECEIVED BY FEDERAL AGENCY N/A	Federal Identifier N/A

1. TYPE OF SUBMISSION:

Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

3. APPLICANT INFORMATION

Legal Name: San Bernardino County Probation Department	Organizational Unit: Juvenile Services
Address (give city, county, state, and zip code): 175 West Fifth Street San Bernardino CA 92415 San Bernardino County	Name and telephone number of the person to be contacted on matters involving this application (give area code): Brad Johnson Division Director II (909) 387-5785

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	5	-	6	0	0	2	7	4	9
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

New Continuation Revision

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

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

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

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

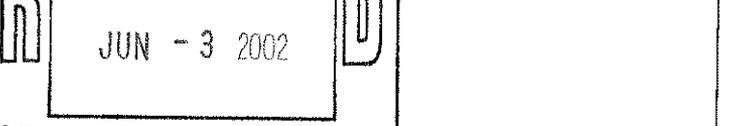
9. NAME OF FEDERAL AGENCY:
**U.S. Department of Justice
Office of Community Oriented Policing Services**

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

TITLE: **Safe Schools Initiative - Home Run**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
**San Bernardino County Home Run Program
School Probation Officers**

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

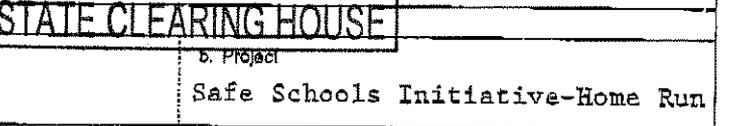


13. PROPOSED PROJECT:

Start Date 6/1/02	Ending Date 5/31/03
----------------------	------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 4200	b. Project Safe Schools Initiative-Home Run
----------------------	--



15. ESTIMATED FUNDING:

a. Federal	\$ 495,000	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$ 153,000	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 648,000	.00

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

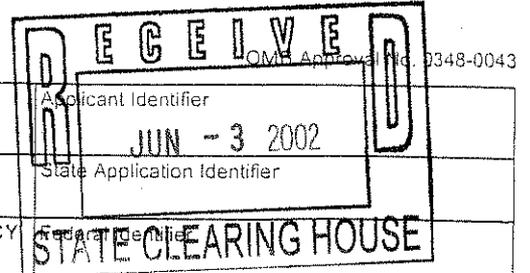
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

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

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

a. Typed Name of Authorized Representative Raymond B. Wingerd	b. Title Chief Probation Officer	c. Telephone number (909) 387-5693
d. Signature of Authorized Representative 		e. Date Signed 5-31-02

APPLICATION FOR
FEDERAL ASSISTANCE



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

5. APPLICANT INFORMATION

Legal Name: CA Department of Toxic Substances Control	Organizational Unit: Office of Pollution Prevention and Technology Development
Address (give city, county, State, and zip code): P.O. Box 806 Sacramento, CA 95812-0806	Name and telephone number of person to be contacted on matters involving this application (give area code) Mary Pride (916) 324-1088

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6001347

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

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

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

9. NAME OF FEDERAL AGENCY:

U.S. EPA Region 9

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Pollution Prevention Grant 66 - 708
TITLE: (Formerly PPIS Grant)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mercury Reduction Pilot Study for Dental Clinics

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

Statewide

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant
10/01/02	09/30/04	Statewide

b. Project
Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	75,000 ⁰⁰
b. Applicant	\$	8,800 ⁰⁰
c. State	\$	⁰⁰
d. Local (EBMUD)	\$	66,200 ⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	150,000 ⁰⁰

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

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 5/20/02
- b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

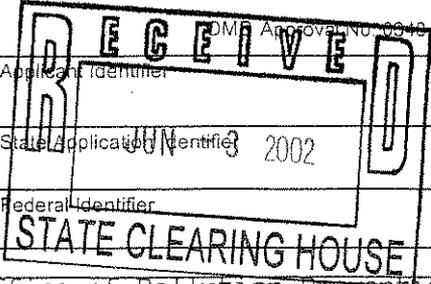
Yes If "Yes," attach an explanation. No

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

a. Type Name of Authorized Representative Jeffrey Wong, Ph.D.	b. Title Deputy Director, SPPTP	c. Telephone Number (916) 322-2822
d. Signature of Authorized Representative	e. Date Signed 5/15/02	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0610-0043



2. DATE SUBMITTED		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier 2002
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: CA Department of Toxic Substances Control	Organizational Unit: Office of Pollution Prevention and Technology Development
---	--

Address (give city, county, State, and zip code): P.O. Box 806 Sacramento, CA 95812-0806	Name and telephone number of person to be contacted on matters involving this application (give area code) Robert Ludwig (916) 324-2659
--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6001347

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

A

8. TYPE OF APPLICATION:

New Continuation Revision

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

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

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

9. NAME OF FEDERAL AGENCY:

U.S. EPA Region 9

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Pollution Prevention Grant 66 - 708

TITLE: (Formerly PPIS Grant)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Safer Adhesive Alternatives for Laminating and Counter Top Manufacturing

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

Statewide

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 10/01/02 Ending Date: 10/01/04	a. Applicant: Statewide b. Project: Statewide

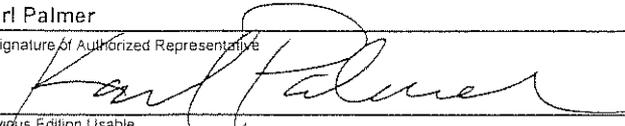
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 60,000 ⁰⁰	
b. Applicant	\$ 60,000 ⁰⁰	
c. State	\$ ⁰⁰	
d. Local	\$ ⁰⁰	
e. Other	\$ ⁰⁰	
f. Program Income	\$ ⁰⁰	
g. TOTAL	\$ 120,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>5/20/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

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

Type Name of Authorized Representative Jeffrey Wong, Ph.D.	b. Title Deputy Director, SPPTP	c. Telephone Number (916) 322-2822
d. Signature of Authorized Representative	e. Date Signed 5/14/02	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 3 2002 STATE CLEARING HOUSE </div>	
5. APPLICANT INFORMATION			
Legal Name: California Department of Toxic Substances Control		Organizational Unit: California State Environmental Program	
Address (give city, county, state, and zip code): 1001 I Street P.O. Box 806 Sacramento, Sacramento, CA 95812-0806		Name and telephone number of person to be contacted on matters involving this application (give area code): Karl Palmer 916-445-2625	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Pollution Prevention Grant (formerly PPIS) 66 - 708		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Partnerships for Mercury Pollution Prevention Project	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
11/01/02	11/01/03	Statewide	Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000 .00	a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 5/20/02	
b. Applicant	\$ 75,000 .00	b. NO: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 150,000 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Karl Palmer		Branch Chief	916-455-2625
d. Signature of Authorized Representative		e. Date Signed	
		5/17/02	