

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

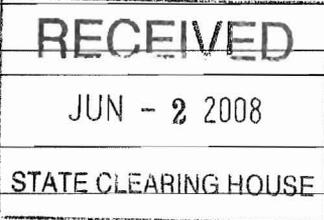
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/14/2008	Applicant Identifier 0148280005
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			EN0206-02-01-06-02

5. APPLICANT INFORMATION

Legal Name: Governor's Office of Planning and Research	Organizational Unit:
Organizational DUNS:	Department: State Clearinghouse
Address: Street: 1400 10th Street	Division:
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: First Name: Ned
State: California Zip Code 95814	Middle Name
Country: United States	Last Name McKinley
	Suffix:
	Email: ned.mckinley@opr.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347	Phone Number (give area code) (916) 324-6665	Fax Number (give area code) (916) 323-3018
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A C Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Military Land Use Compatibility Study
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba, Inyo, Tulare, Fresno, Kern, L.A., San Bernardino Counties	9. NAME OF FEDERAL AGENCY: Dept. of Defense, Office of Economic Adjustment
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13. PROPOSED PROJECT Start Date: 05/01/2002 Ending Date: 09/30/2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 95,274.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 23,818.00	b. No. <input checked="" 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?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 119,092.00	

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

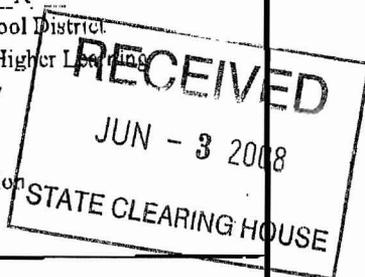
a. Authorized Representative		
Prefix	First Name Cathleen	Middle Name
Last Name Cox		Suffix
b. Title Chief Deputy Director	c. Telephone Number (give area code) (916) 322-2318	
d. Signature of Authorized Representative	e. Date Signed	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

REVISION #2

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 J Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Institute 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 _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ 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 66.419 Title: Water Pollution Control State and Interstate Program Support		11. Descriptive Title of Applicant's Project: To protect and improve California's surface waters in the implementation of water quality laws in the California Porter-Cologne Water Quality Control Act and the federal Clean Water Act (CWA).	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		14. Congressional District of: Applicant: _____ Project: _____ 3 California - All	
13. Proposed Project: Start Date 7/1/2008 End Date 6/30/2011		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: June 3, 2008 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$26,021,982 b. Applicant \$0 c. State \$26,722,158 d. Local \$0 e. Other "In-Kind" \$19,500,000 f. Program Income \$0 g. TOTAL \$72,244,140		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 BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: June 5, 2008	



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/6/08	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE 6/6/08	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: University of Southern California		Department: School of Policy, Planning, and Development	
Organizational DUNS: 072933393		Division: Institute for Civic Enterprise	
Address: Street: University Campus		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix:	First Name: Leonard
County: Los Angeles		Middle Name:	RECEIVED JUN - 6 2008 STATE CLEARING HOUSE
State: CA		Last Name: Mitchell	
Zip Code: 90089-0626	Suffix:		
Country: USA		Email: mitchell@usc.edu	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1642394	Phone Number (give area code) (213) 740-1487	Fax Number (give area code) (213) 740-0373
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) J. Private University Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307	8. NAME OF FEDERAL AGENCY: Economic Development Administration
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Merced,	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: USC Center for Economic Development Mono, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, Ventura
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13. PROPOSED PROJECT Start Date: 05/01/2008 Ending Date: 04/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 32 b. Project Districts 3,5,11, 18-52
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 190,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 190,604	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 380,604	

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

a. Authorized Representative		
Prefix	First Name Dorothy	Middle Name
Last Name Steele	Suffix	
b. Title Assistant to Director of Contracts and Grants	c. Telephone Number (give area code) 213.740.7762	
d. Signature of Authorized Representative <i>Dorothy Steele</i>	e. Date Signed 06/05/08	

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: Southern California Presbyterian Homes		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1894293		* c. Organizational DUNS: 069925345
d. Address:		
* Street1: 516 Burchett Street		RECEIVED JUN - 9 2008 STATE CLEARING HOUSE
Street2: _____		
* City: Glendale		
County: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 91203		
e. Organizational Unit:		
Department Name: Affordable Housing		Division Name: Corporate Office
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.		* First Name: Sally
Middle Name: _____		
* Last Name: Little		
Suffix: _____		
Title: Vice President, Affordable Housing		
Organizational Affiliation: _____		
* Telephone Number: (618) 247-0420		Fax Number: (618) 247-3871
* Email: sallylittle@scphs.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

City of Clovis, County of Fresno, State of California

* 15. Descriptive Title of Applicant's Project:

Construction and management of a 60 unit affordable housing community for low income seniors in the City of Clovis, to be developed under the Section 202 Supportive Housing for the Elderly program.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,898,834.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,541,334.00"/>
* e. Other	<input type="text" value="117,421.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="9,582,589.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

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

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	A., E.
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	Estimated Funding Changes
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	RECEIVED JUN - 9 2008 STATE CLEARING HOUSE
8. APPLICANT INFORMATION:		
* a. Legal Name: Lake Elsinore, City of		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
95-6000707	021798863	
d. Address:		
* Street1:	130 South Main Street	
Street2:		
* City:	Lake Elsinore	
County:	Riverside	
* State:	California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	92530	
e. Organizational Unit:		
Department Name:		Division Name:
Redevelopment Agency		Economic Development
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Steven
Middle Name:		
* Last Name:	McCarty	
Suffix:		
Title:	Redevelopment Project Manager	
Organizational Affiliation:		
The Redevelopment Agency of the City of Lake Elsinore		
* Telephone Number:	951-674-3124, ext. 314	Fax Number: 951-674-2392
* Email:	smccarty@lake-elsinore.org	

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Economic Development Administration, Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

* 12. Funding Opportunity Number:

EDA022206

* Title:

FFO Announcement for Economic Development Assistance Programs authorized by the Public Works and Economic Development Act of 1965, as amended

13. Competition Identification Number:

N/A

Title:

N/A

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

Cities: City of Lake Elsinore and surrounding region (e.g., Canyon Lake, Murrieta, Temecula); County: Riverside County; State: California

* 15. Descriptive Title of Applicant's Project:

Lake Elsinore Technology Center: Business Incubator Project (see the attached map of project location and the attached summary description of project)

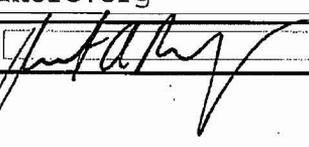
Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-049	* b. Program/Project CA-049
Attach an additional list of Program/Project Congressional Districts if needed.		
(see attached list) <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	07/2008	* b. End Date: 07/2009
18. Estimated Funding (\$):		
* a. Federal	2,623,000	
* b. Applicant	2,716,240	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	5,339,240	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06/03/2008		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	Mr.	* First Name: Robert
Middle Name:	A.	
* Last Name:	Brady	
Suffix:		
* Title:	City Manager	
* Telephone Number:	951-674-3124	Fax Number: 951-674-2392
* Email:	bbrady@lake-elsinore.org	
* Signature of Authorized Representative:		* Date Signed: 06/03/2008

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Compton Unified School District - School Police Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2650551		* c. Organizational DUNS: 020761227
d. Address:		
* Street1:	500 South Santa Fe Avenue	
Street2:		
* City:	Compton	
County:	Los Angeles	
* State:	California	
Province:		
* Country:	United States	
* Zip / Postal Code:	90221	
e. Organizational Unit: School Police Department		
Department Name: Compton Unified School District School Police		Division Name: School Police Department
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Hourie	
Middle Name:		
* Last Name: Taylor		
Suffix:		
Title: Chief		
Organizational Affiliation: Compton Unified School District, School Police Department		
* Telephone Number: (310) 604-6576	Fax Number: (310) 635-4403	
* Email: htaylor@compton.k12.ca.us		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

School Police Department

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Secure Our Schools Program (SOS)

*** 12. Funding Opportunity Number:**

COPS-SOS-2008-1

* Title:

Secure Our Schools Program (SOS)

13. Competition Identification Number:

Title:

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

City of Compton, City of Los Angeles, Los Angeles County, California

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

Compton Unified School District - Secure Our Schools (SOS) Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 37 and 39

* b. Program/Project: 37 and 39

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

17. Proposed Project:

* a. Start Date: 09/01/2008

* b. End Date: 08/31/2010

18. Estimated Funding (\$):

* a. Federal \$ 500,000
 * b. Applicant \$ 250,000
 * c. State —
 * d. Local —
 * e. Other —
 * f. Program Income —
 * g. TOTAL \$ 750,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**** I AGREE**

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

Authorized Representative:

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

Prefix: Dr. * First Name: Kaye
 Middle Name: E.
 * Last Name: Burnside
 Suffix: _____

* Title: Superintendent

* Telephone Number: (310) 639-4321 x55047 Fax Number: (310) 632-3014

* Email: kburnside@compton.k12.ca.us

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

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 06-08-2008	Applicant Identifier
			3. DATE RECEIVED BY STATE State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Westwood Community Services District	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0;">JUN 10 2008</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department:
Organizational DUNS: 830163887		Division:
Address: Street: P.O. Box 319, 319 Ash Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: 530-256-3211 First Name: Susan
City: Westwood		Middle Name Lynn
County: Lassen	Last Name Coff	Suffix:
State: CA	Zip Code 96137	Email: wcsd@cltlink.net
Country: United States of America	Phone Number (give area code) 530-256-3211	Fax Number (give area code) 530-256-3212

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

2 3 - 7 1 1 0 5 7 7

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
9. NAME OF FEDERAL AGENCY: UDSA Rural Development	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 1 0 - 7 6 0	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Meter Installallon Install water meters to reduce water consumption
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Community of Westwood, CA Lassen County

13. PROPOSED PROJECT Start Date: 6-09 Ending Date: 9-30-09	14. CONGRESSIONAL DISTRICTS OF: a. Applicant John Doolittle b. Project Water Meter Installation
---	--

15. ESTIMATED FUNDING: <table border="1" style="width: 100%;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">588,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">588,000⁰⁰</td></tr> </table>	a. Federal	\$	588,000 ⁰⁰	b. Applicant	\$	0 ⁰⁰	c. State	\$	0 ⁰⁰	d. Local	\$	0 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	588,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	588,000 ⁰⁰																				
b. Applicant	\$	0 ⁰⁰																				
c. State	\$	0 ⁰⁰																				
d. Local	\$	0 ⁰⁰																				
e. Other	\$	0 ⁰⁰																				
f. Program Income	\$	0 ⁰⁰																				
g. TOTAL	\$	588,000 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/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name Randy	Middle Name
Last Name Buchanan	Suffix	
b. Title General Manager	c. Telephone Number (give area code) 530-256-3211 530-375-7755	
d. Signature of Authorized Representative	e. Date Signed 06-09-08	

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication		<input checked="" type="radio"/> New
<input checked="" type="radio"/> Application		<input type="radio"/> Continuation * Other (Specify)
<input type="radio"/> Changed/Corrected Application		<input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Monterey Park		<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">JUN 10 2008</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000747	* c. Organizational DUNS: 868673260	
d. Address:		
* Street1:	320 West Newmark Avenue	
Street2:		
* City:	Monterey Park	
County:	Los Angeles	
* State:	California	
Province:		
* Country:	USA	
* Zip / Postal Code:	91754	
e. Organizational Unit:		
Department Name: Monterey Park Police Department		Division Name: Police Department
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr	* First Name: Eric	
Middle Name:		
* Last Name: Kim		
Suffix:		
Title: Lieutenant		
Organizational Affiliation: N/A		
* Telephone Number: (626) 307-1243	Fax Number: (626) 307-1441	
* Email: ekim@montereypark.ca.gov		

OMB Number: 4040-0004
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1:

C) City or Township Government

Type of Applicant 2:

N/A

Type of Applicant 3:

N/A

* Other (specify):

N/A

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

U.S. Department of Justice - Office of Community Orientated Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Technology Program (Tech)

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2008-1

* Title:

2008 Technology (Tech) Grant Program

13. Competition Identification Number:

N/A

Title:

N/A

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

N/A

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

Laptop Computers

Attach supporting documents as specified in agency instructions.

N/A

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant CA-029 and CA-032

* b. Program/Project: CA-029 and CA-032

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

N/A

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 12/01/2009

18. Estimated Funding (\$):

* a. Federal	<u>233,825.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>233,825.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Mr * First Name: Eric

Middle Name: _____

* Last Name: Kim

Suffix: _____

* Title: Lieutenant* Telephone Number: (626) 307-1243Fax Number: (626) 307-1441* Email: ekim@montereypark.ca.gov

* Signature of Authorized Representative:  * Date Signed: 06/10/2008

Authorized for Local Reproduction

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

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

DE-FG02-92ER40695 Renewal

5. APPLICANT INFORMATION

* Organizational DUNS: 092530369

* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm

Division: UCLA

* Street1: 11000 Kinross Avenue, Suite 102

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095-1406

RECEIVED
JUN 10 2008
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

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

Ms. Kristin

Lund

* Phone Number: 310-794-0171

Fax Number: 310-794-0631

Email: klund@resadmin.ucla.edu

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

1956006143A1

7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New

- Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

Women Owned

Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

D. Decrease Duration E. Other (specify)

9. NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81,049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Advanced Accelerator Physics Research at UCLA

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

Los Angeles, CA & Upton, NY

13. PROPOSED PROJECT:

* Start Date * Ending Date

11/01/2008

10/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

CA-030

b. Project

CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Prof. David

B.

Cline

Position/Title: Professor of Physics & Astronomy

* Organization Name: The Regents of the University of California

Department: Physics and Astronomy

Division: UCLA

* Street1: 475 Portola Plaza

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095-1547

* Phone Number: 310-825-1673

Fax Number: 310-206-1091

* Email: dcline@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING		17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	1,095,000.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds	1,095,000.00	DATE: 06/10/2008	
c. * Estimated Program Income	0.00	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	

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	
* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California	
Department:	Office of Contract & Grant Adm	Division:	UCLA	
* Street1:	11000 Kinross Avenue, Suite 102	Street2:		
* City:	Los Angeles	County:	Los Angeles	* State:
				CA: Californi
Province:		* Country:	UNITED ST	* ZIP / Postal Code:
				90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631	* Email:
				klund@resadmin.ucla.edu
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

AddCongrDist.pdf

ADD ATTACHMENT

Delete Attachment

View Attachment



SF 424

The SF 424 is part of the

CPMP

Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.



Approved
5/29/08



SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-6000512		7/1	
Applicant Type:		Specify Other Type if necessary:	
Local Government: County			
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> - General Management, Oversight, and Coordination - CDBG Housing Program Administration - Housing Assistance Rehabilitation Program - City Activities - Public Facilities and Infrastructure Improvement Projects - Public Service Programs 		The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
\$CDBG Grant Amount: \$3,935,876			
\$Anticipated Program Income: \$764,775			

Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
<ul style="list-style-type: none"> - HOME Program Administration - Homebuyer Assistance including ADDI - Affordable Housing Development - Housing Assistance Rehabilitation Program 		The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
\$HOME Grant Amount: \$1,529,873			
\$Anticipated Program Income: \$900,000		Other (Describe): ADDI \$8,136	
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles: Not Applicable		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount: \$0		\$Additional HUD Grant(s) Leveraged Describe	
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
<ul style="list-style-type: none"> - Emergency Shelter Grant Administration - Emergency Shelter Grant 		The County of Fresno	
\$Emergency Shelter Grant Amount: \$175,609			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 18, 19, 20, 21	Project Districts 18,19,20,21		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 3/25/08
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review
Person to be contacted regarding this application			
Gigi		Gibbs	
Community Development Manager	(559) 262-4292	(559) 488-3940	
	www.co.fresno.ca.us		
Signature of Authorized Representative		Date Signed	
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date	
Catherine Huerta, Director, Department of Children & Family Services (ESG Rep.)		Date	

ROH #304 Approved
5-29-08

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 4/10/2008	Applicant Identifier
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: CENTRAL VALLEY BUSINESS INCUBATOR			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 054338253			RECEIVED JUN 10 2008 STATE CLEARING HOUSE	
Address: Street: 1630 E. SHAW AVENUE, SUITE 163				
City: FRESNO			Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: FRESNO			Prefix: First Name: ANNA	
State: CA			Middle Name: KAYANE	
Zip Code: 93710			Last Name: BORGEAS	
Country: USA			Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0449599			Email: anna@cubi.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) 0 - NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769			9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FRESNO, KINGS, MADERA + TULARE COUNTIES			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ECONOMIC DEVELOPMENT THROUGH THE ENTREPRENEURIAL TRAINING PROCESS	
13. PROPOSED PROJECT Start Date: JUNE 2008 Ending Date: JUNE 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 20 b. Project: 19, 20, 21	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	60,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	26,000.00	DATE:	
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	86,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative				
Prefix		First Name: CRAIG		Middle Name
Last Name: SCHARTON			Suffix	
b. Title: CHIEF EXECUTIVE OFFICER			c. Telephone Number (give area code): (559) 292-9033	
d. Signature of Authorized Representative			e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

RCH #304
Approved
5-29-08

Version 7/03

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

1. TYPE OF SUBMISSION:
Application

Construction Construction
 Non-Construction Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of San Joaquin

Organizational DUNS: 00494076

Address: 21900 Colorado Street
 City: San Joaquin, CA
 County: Fresno
 State: CA Zip Code: 93660

Country: _____

Organizational Unit:
 Department: _____
 Division: Public Body

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

Prefix: _____ First Name: Brenda
 Middle Name: _____ Last Name: L. Carter
 Suffix: _____

Email: brendacarter@cityofsanjoaquin.com
 Phone Number (give area code): (559) 693-4311 x 15 Fax Number (give area code): 559-693-2192

RECEIVED
 JUN 10 2008
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000418

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of San Joaquin Workforce Development

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

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

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 20 Costa b. Project: 20 Costa

15. ESTIMATED FUNDING:

a. Federal	\$	99,908.00	00
b. Applicant	\$	25,000	00
c. State	\$		00
d. Local	\$		00
e. Other	\$	25,000	00
f. Program Income	\$	00	00
g. TOTAL	\$	\$149,908.00	00

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

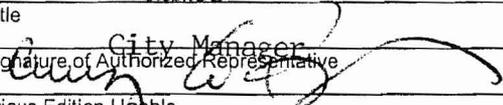
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix: Ms. First Name: Cruz Middle Name: W
 Last Name: Ramos Suffix: _____

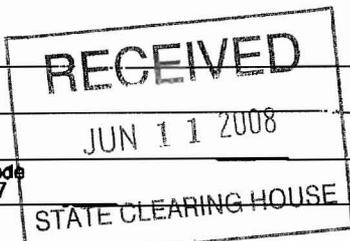
b. Title: City Manager

c. Telephone Number (give area code): 559-693-4311 ext. 18
 d. Signature of Authorized Representative:  e. Date Signed: 5/10/08

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06-08-2008	Applicant Identifier
Pre-application <input checked="" 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		Organizational Unit:	
Legal Name: Westwood Community Services District		Department:	
Organizational DUNS: 830163887		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. Box 319, 319 Ash Street		Prefix: 530-256-3211	First Name: Susan
City: Westwood		Middle Name Lynn	
County: Lassen		Last Name Coff	
State: CA	Zip Code 96137	Suffix:	
Country: United States of America		Email: wcsd@dtlink.net	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7110577		Phone Number (give area code) 530-256-3211	Fax Number (give area code) 530-256-3212
---	--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Meter Installation Install water meters to reduce water consumption
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Westwood, CA Lassen County	

13. PROPOSED PROJECT Start Date: 6-09 Ending Date: 9-30-09	14. CONGRESSIONAL DISTRICTS OF: a. Applicant John Doolittle b. Project Water Meter Installation
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 588,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 0.00	DATE:
c. State \$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 588,000.00	

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

a. Authorized Representative		
Prefix	First Name Randy	Middle Name
Last Name Buchanan		Suffix
b. Title General Manager		c. Telephone Number (give area code) 530-256-3211 530-375-7755
d. Signature of Authorized Representative		e. Date Signed 06-09-08

APR
TELETYPE
DATE 1/14

P 18 MARK
R 25
MAY
P 15 MARK
100 MAY

P 5 P 11 E-mail
P 9 P 11 Copy Paste Check SOURCE MARK
P 10 P 11 Copy Paste
P 11

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:
---------------------	--------------------------

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

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

8. APPLICANT INFORMATION:

* a. Legal Name: LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927	* c. Organizational DUNS: 028950678
---	--

d. Address:

* Street1: 4700 RAMONA BOULEVARD
Street2:
* City: MONTEREY PARK
County: LOS ANGELES
* State: CALIFORNIA
Province:
* Country: UNITED STATES
* Zip / Postal Code: 91754

e. Organizational Unit:

Department Name: SHERIFF'S DEPARTMENT	Division Name: FIELD OPERATIONS REGION II
--	--

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

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

Title: _____

Organizational Affiliation:
SHERIFF'S DEPARTMENT

* Telephone Number: (323) 526-5153 Fax Number: (323) 415-3393

* Email: grants@lasd.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

COUNTY GOVERNMENT

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2008-1

* Title:

SECURE OUR SCHOOLS PROGRAM

13. Competition Identification Number:

Title:

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

THE CITY OF LAWNSDALE, LOS ANGELES COUNTY, CALIFORNIA

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

SECURE LAWNSDALE SCHOOLS AND COMMUNITY

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant 24-37, 41

* b. Program/Project: 24-37, 41

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

17. Proposed Project:

* a. Start Date: 09/01/2008

* b. End Date: 08/30/2010

18. Estimated Funding (\$):

* a. Federal	34,392.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	34,392.00
* f. Program Income	0.00
* g. TOTAL	68,784.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: _____ * First Name: Leroy

Middle Name: _____

* Last Name: Baca

Suffix: _____

* Title: Sheriff, Los Angeles County* Telephone Number: (323) 526-5000Fax Number: (323) 415-1000* Email: grants@lasd.org

* Signature of Authorized Representative:

* Date Signed:

Authorized for Local Reproduction

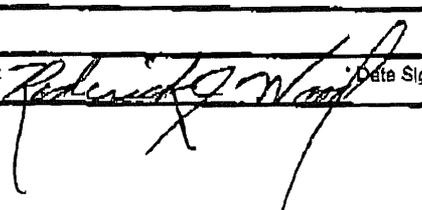
OMB Number: 4040-0004
 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: CITY OF BEVERLY HILLS		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000678	* c. Organizational DUNS: 784904807	
d. Address:		
* Street1: 455 N. REXFORD DRIVE	Street2:	
* City: BEVERLY HILLS	County: LOS ANGELES	
* State: CALIFORNIA	Province:	
* Country: UNITED STATES OF AMERICA	* Zip / Postal Code: 90210	
e. Organizational Unit: POLICE DEPARTMENT		
Department Name: POLICE DEPARTMENT	Division Name: ADMINISTRATIVE SERVICES DIVISION	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: MR.	* First Name: ERICK	
Middle Name:		
* Last Name: LEE	Suffix:	
Title: MANAGEMENT ANALYST		
Organizational Affiliation:		
* Telephone Number: 310.285.2110	Fax Number: (310) 246-9854	
* Email: elee@beverlyhills.org		



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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: C - CITY OR TOWNSHIP GOVERNMENT Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U.S. DEPARTMENT OF JUSTICE, OFFICE OF COMMUNITY ORIENTED POLICING SERVICES	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: PUBLIC SAFETY PARTNERSHIP AND COMMUNITY POLICING GRANTS	
* 12. Funding Opportunity Number: COPS-SOS-2008-1 * Title: COPS SECURE OUR SCHOOLS GRANT	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): CITY OF BEVERLY HILLS COUNTY OF LOS ANGELES STATE OF CALIFORNIA	
* 15. Descriptive Title of Applicant's Project: FIXED SITE AUTOMATED LICENSE PLATE RECOGNITION SYSTEM AT BEVERLY HILLS HIGH SCHOOL	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <u>CA-030</u>	* b. Program/Project: <u>CA-030</u>
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: <u>08/30/2008</u>	* b. End Date: <u>07/31/2010</u>
18. Estimated Funding (\$):	
* a. Federal	<u>50,500.00</u>
* b. Applicant	<u>25,250.00</u>
* c. State	_____
* d. Local	_____
* e. Other	<u>25,250.00</u>
* f. Program Income	_____
* g. TOTAL	<u>101,000.00</u>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/11/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative(s): _____ Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: <u>MR.</u>	* First Name: <u>RODERICK</u>
Middle Name: _____	_____
* Last Name: <u>WOOD</u>	_____
Suffix: _____	_____
* Title: <u>CITY MANAGER</u>	
* Telephone Number: <u>310.285.1012</u>	Fax Number: <u>310.273.3078</u>
* Email: <u>rwood@beverlyhills.org</u>	
* Signature of Authorized Representative: 	* Date Signed: <u>06/11/2008</u>

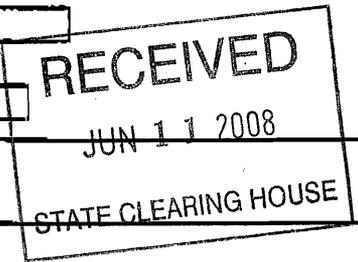
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

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



* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="93-2273380"/>	* c. Organizational DUNS: <input type="text" value="152151528"/>
--	---

d. Address:

* Street1:	<input type="text" value="7375 Park City Drive"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Sacramento"/>
County:	<input type="text" value="Sacramento"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95831-3866"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Raymond"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Gee"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		

Organizational Affiliation:

* Telephone Number:	<input type="text" value="916 393-9026 Ext. 232"/>	Fax Number:	<input type="text" value="916 393-9120"/>
* Email:	<input type="text" value="raygee@accav.org"/>		

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
<input type="text" value="M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)"/>	
Type of Applicant 2: Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3: Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
* 10. Name of Federal Agency:	
<input type="text" value="US Department of Housing and Urban Development"/>	
11. Catalog of Federal Domestic Assistance Number:	
<input type="text" value="14.157"/>	
CFDA Title:	
<input type="text" value="Supportive Housing for the Elderly"/>	
* 12. Funding Opportunity Number:	
<input type="text" value="FR-5200-N-26"/>	
* Title:	
<input type="text" value="Section 202 Supportive Housing for the Elderly Program"/>	
13. Competition Identification Number:	
<input type="text" value="5202-26"/>	
Title:	
<input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
<input type="text"/>	
* 15. Descriptive Title of Applicant's Project:	
<input type="text" value="Affordable housing for low-income renters."/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Download Attachments"/> <input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="6,028,616.00"/>
* b. Applicant	<input type="text" value="20,000.00"/>
* c. State	<input type="text" value="1,900,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="7,948,616.00"/>

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

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

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

Yes No

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

-- I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2008	Applicant Identifier
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	State Application Identifier Federal Identifier
5. APPLICANT INFORMATION Legal Name: Mandee + Eyecandy Clothing		Organizational Unit: Department: Division: STATE CLEARING HOUSE	
Organizational DUNS: Address: Street: 329 N Pico #D City: Fallbrook County: San Diego State: CA Zip Code: 92028 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Rhannon Middle Name: Vita Last Name: Serote Suffix: Email: Rhannonera@yahoo.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-2207007		Phone Number (give area code): 760-622-8641 Fax Number (give area code):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify): M	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-708		9. NAME OF FEDERAL AGENCY: usda 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: clothing line	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fallbrook CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 49th b. Project: 49th	
13. PROPOSED PROJECT Start Date: Aug 25 08 Ending Date:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 12,000 b. Applicant \$ 3,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 15,000		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. Authorized Representative Prefix: First Name: Middle Name: Last Name: Suffix: Title: c. Telephone Number (give area code): Signature of Authorized Representative: e. Date Signed:			


**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 10, 2008	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: Mande + Eyecandy clothing		Department:		
Organizational DUNS:		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 329 N Pico #D		Prefix: First Name Khamron		
City: Fallbrook		Middle Name vita		
County: San Diego		Last Name SEROTE		
State: CA		Suffix:		
Zip Code: 92028		Email: Khamron@yahoo.com		
Country: USA		Phone Number (give area code) 760-622-8641		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-2700003		Fax Number (give area code)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) M		
Other (specify)		9. NAME OF FEDERAL AGENCY: usda		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 16-7603		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: clothing line		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fallbrook CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49th b. Project 49th		
13. PROPOSED PROJECT Start Date: Aug 25, 08 Ending Date:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: 12,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 12,000				
b. Applicant \$ 3,000				
c. State \$				
d. Local \$				
e. Other \$				
f. Program income \$				
g. TOTAL \$ 15,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
g. Authorized Representative				
Prefix		First Name		Middle Name
Last Name		Suffix		
d. Title		c. Telephone Number (give area code)		
i. Signature of Authorized Representative		e. Date Signed		

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JUN 11 2008</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Roseville		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000409		* c. Organizational DUNS: 076119643
d. Address:		
* Street1:	311 Vernon St.	
Street2:		
* City:	Roseville	
County:	Placer	
* State:	CA	
Province:		
* Country:	USA	
* Zip / Postal Code:	95678	
e. Organizational Unit:		
Department Name: Roseville Police Department		Division Name: Administration
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mrs.	* First Name: Dee Dee
Middle Name:	M.	
* Last Name:	Gunther	
Suffix:		
Title: Administrative Analyst		
Organizational Affiliation:		
* Telephone Number:	916-774-5015	Fax Number: (916) 774-5019
* Email:	ddgunther@roseville.ca.us	

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

Application for Federal Assistance SF-424	Version 02
8. Type of Applicant 1: C-City government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U.S. DEPARTMENT OF JUSTICE COPS PROGRAM	
11. Catalog of Federal Domestic Assistance Number: CFDA Title: CFDA 16.710	
* 12. Funding Opportunity Number: * Title: Secure Our Schools Program (SOS)	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Roseville, California	
* 15. Descriptive Title of Applicant's Project: Secure Our Schools--Roseville Joint Union High School District and Coyote Ridge Elementary School	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant Fourth

* b. Program/Project: Fourth

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

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2010

18. Estimated Funding (\$):

* a. Federal	<u>123,750.00</u>
* b. Applicant	<u> </u>
* c. State	<u> </u>
* d. Local	<u>123,750.00</u>
* e. Other	<u> </u>
* f. Program Income	<u> </u>
* g. TOTAL	<u>247,500.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/11/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Mr. * First Name: W.
 Middle Name: Craig
 * Last Name: Robinson
 Suffix:

* Title: City Manager

* Telephone Number: 916-774-5382

Fax Number: 916-774-5385

* Email: citymanager@roseville.ca.us

* Signature of Authorized Representative: _____

* Date Signed: _____

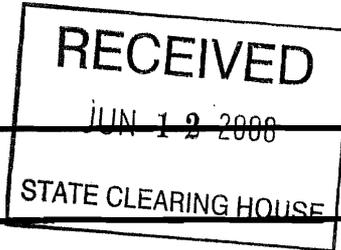
Authorized for Local Reproduction

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

Version 02

Application for Federal Assistance SF-424

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



* 3. Date Received: _____ 4. Applicant Identifier: _____

5a. Federal Entity Identifier: N/A * 5b. Federal Award Identifier: _____

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: University of California, Irvine Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2226406 * c. Organizational DUNS: 046705849

d. Address:

* Street1: UC Irvine Police Department
 Street2: 150 Public Services Building (Zot Code 4900)
 * City: Irvine
 County: Orange
 * State: CA
 Province: _____
 * Country: USA
 * Zip / Postal Code: 92697

e. Organizational Unit:

Department Name: Police Department Division Name: Administration

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

Prefix: _____ * First Name: Jeffrey
 Middle Name: Dean
 * Last Name: Hutchison
 Suffix: _____

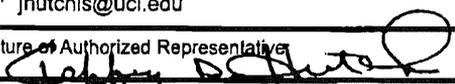
Title: Assistant Chief of Police

Organizational Affiliation:
 Full Time Employee of the UC Irvine Police Department

* Telephone Number: 949-824-1140 Fax Number: (949) 824-0150

* Email: jhutchis@uci.edu

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Public/State Controlled Institution of Higher Education Type of Applicant 2: N/A Type of Applicant 3: N/A * Other (specify): N/A	
* 10. Name of Federal Agency: U.S. Department of Justice, Office of Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: CFDA #: 16.710 CFDA Title: Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-SOS-2008-1 * Title: Secure Our Schools (SOS) Program	
13. Competition Identification Number: N/A Title: N/A	
14. Areas Affected by Project (Cities, Counties, States, etc.): University of California (Irvine campus)	
* 15. Descriptive Title of Applicant's Project: Student safety improvement project to include emergency call-boxes, video cameras, and an exterior (outdoors) emergency broadcast system for campus safety enhancements for our students.	
Attach supporting documents as specified in agency instructions. N/A	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <u>CA-048</u>	* b. Program/Project: <u>CA-048</u>
Attach an additional list of Program/Project Congressional Districts if needed. N/A	
17. Proposed Project:	
* a. Start Date: <u>09/01/2008</u>	* b. End Date: <u>06/30/2009</u>
18. Estimated Funding (\$):	
* a. Federal	<u>151,747.00</u>
* b. Applicant	<u>151,747.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>303,494.00</u>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/11/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Authorized Representative:	
Prefix: _____	* First Name: <u>Jeffrey</u>
Middle Name: <u>Dean</u>	_____
* Last Name: <u>Hutchison</u>	_____
Suffix: _____	_____
* Title: <u>Assistant Chief of Police</u>	
* Telephone Number: <u>949-824-1140</u>	Fax Number: <u>949-824-0150</u>
* Email: <u>jhutchis@uci.edu</u>	
* Signature of Authorized Representative: 	* Date Signed: <u>6/12/08</u>

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

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

N/A

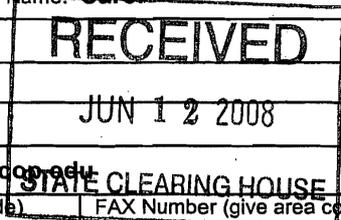
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 9/03

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

5. APPLICANT INFORMATION

Legal Name: The Regents of the University of California	Organizational Unit:
Organizational DUNS: 60-459-1925	Department: Agriculture and Natural Resources
Address:	Division: University of California Cooperative Extension
Street: 1111 Franklin Street, 6th Floor	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Oakland	Prefix:
County: Alameda	First Name: Carol
State: CA	Middle Name:
Zip Code: 94607-5200	Last Name: Berman
Country: USA	Suffix:
	Email: Carol.Berman@ucop.edu



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code): **510-987-0050**
 FAX Number (give area code): **510-587-6491**

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

 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 Public/State Controlled Inst of Higher Education
 Other (specify)

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

9. NAME OF FEDERAL AGENCY:
USDA/RBEG

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Developing a local community Supported Agriculture (CSA) Model for maintenance of a sustainable agricultural base in Sonoma County, California

12. AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.)
Sonoma Counties - pilot for any local CSA in US

13. PROPOSED PROJECT

Start Date	Ending Date
01/01/09	12/31/09

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
9th	01

15. ESTIMATED FUNDING:

a. Federal	\$	67,472.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	67,472.00

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/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.

a. Authorized Representative

Prefix	First Name Carol	Middle Name
Last Name Berman	Suffix	
b. Title Director, Contracts & Grants	c. Telephone Number (give area code) 510-987-0050	
Email: Carol.Berman@ucop.edu	Fax Number (give area code) 510-587-6491	
d. Signature of Authorized Representative	e. Date Signed 4/17/09	

Application for Federal Assistance SF-424 Version 02

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

* 3. Date Received:	4. Applicant Identifier:
---------------------	--------------------------

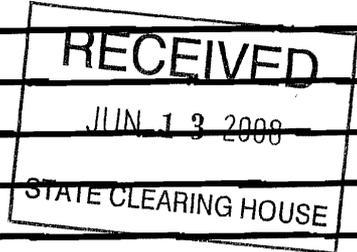
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
--------------------------------	---------------------------------

State Use Only:

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

a. APPLICANT INFORMATION:

* a. Legal Name: <u>City Of Sacramento</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-6000410</u>	* c. Organizational DLUNS: <u>140145660</u>



d. Address:

* Street1:	<u>5770 Freeport Blvd, Ste. 100</u>
Street2:	_____
* City:	<u>Sacramento</u>
County:	<u>Sacramento</u>
* State:	<u>California</u>
Province:	_____
* Country:	<u>United States of America</u>
* Zip / Postal Code:	<u>95822</u>

e. Organizational Unit: Sacramento Police Department

Department Name: <u>Sacramento Police Department</u>	Division Name: <u>Gangs and Youth Services Division/SID</u>
---	--

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

Prefix: _____	* First Name: <u>Darrell</u>
Middle Name: <u>T.</u>	_____
* Last Name: <u>Martin</u>	_____
Suffix: _____	_____

Title: A/Lieutenant

Organizational Affiliation:
Law Enforcement Agency

* Telephone Number: <u>(916) 808-0314</u>	Fax Number: <u>(916) 808-0303</u>
---	-----------------------------------

* Email: dmartin@pd.cityofsacramento.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1:
City or Township Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

* 10. Name of Federal Agency:
Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:
Public Safety Partnership and Community Policing Grants

* 12. Funding Opportunity Number:
COPS-SOS-2008-1
* Title:
COPS Secure our Schools Grant

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Sacramento City, County of Sacramento , State of California

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 5

* b. Program/Project: 5

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

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2010

18. Estimated Funding (\$):

* a. Federal	<u>150,000.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	<u>150,000.00</u>
* f. Program Income	_____
* g. TOTAL	<u>300,000.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

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

* Title: Chief of Police

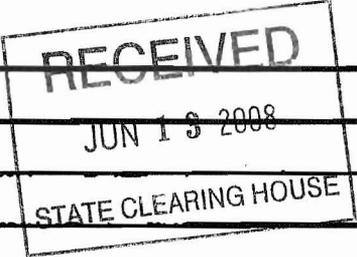
* Telephone Number: 916-808-0800 Fax Number: _____

* Email: rbrazier@pd.cityofsacramento.org

* Signature of Authorized Representative: *RBrazier* * Date Signed: 6-13-08

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication		<input checked="" type="radio"/> New
<input checked="" type="radio"/> Application		<input type="radio"/> Continuation * Other (Specify)
<input type="radio"/> Changed/Corrected Application		<input type="radio"/> Revision
* 3. Date Received:		4. Applicant Identifier: 44754
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2226406		* c. Organizational DUNS: 046705849
d. Address:		
* Street1:	UCI Office Research Admin	
Street2:	300 University Tower (Zot Code 7600)	
* City:	Irvine	
County:	Orange	
* State:	CA	
Province:		
* Country:	USA	
* Zip / Postal Code:	92697	
e. Organizational Unit:		
Department Name: Police Department		Division Name: Administration
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Jeffrey
Middle Name:	Dean	
* Last Name:	Hutchison	
Suffix:		
Title:	Assistant Chief of Police	
Organizational Affiliation: Full Time Employee of the UC Irvine Police Department		
* Telephone Number:	949-824-1140	Fax Number: (949) 824-0150
* Email:	jhutchis@uci.edu	

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Public/State Controlled Institution of Higher Education Type of Applicant 2: N/A Type of Applicant 3: N/A * Other (specify): N/A	
* 10. Name of Federal Agency: U.S. Department of Justice, Office of Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: CFDA #: 16.710 CFDA Title: Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-SOS-2008-1 * Title: Secure Our Schools (SOS) Program	
13. Competition Identification Number: N/A Title: N/A	
14. Areas Affected by Project (Cities, Counties, States, etc.): University of California (Irvine campus)	
* 15. Descriptive Title of Applicant's Project: COPS Secure Our Schools Grant - Emergency Broadcast System	
Attach supporting documents as specified in agency instructions. N/A	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-048	* b. Program/Project: CA-048
Attach an additional list of Program/Project Congressional Districts if needed. N/A	
17. Proposed Project:	
* a. Start Date: 09/01/2008	* b. End Date: 08/31/2010
18. Estimated Funding (\$):	
* a. Federal	151,747.00
* b. Applicant	151,747.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	303,494.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/13/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: _____	* First Name: <u>Gillian</u>
Middle Name: _____	
* Last Name: <u>Fischer</u>	
Suffix: _____	
* Title: <u>Contract & Grant Officer</u>	
* Telephone Number: <u>949-824-2644</u>	Fax Number: <u>949-824-2094</u>
* Email: <u>gfischer@uci.edu</u>	
* Signature of Authorized Representative: <u>Gillian Fischer</u>	* Date Signed: <u>6/13/08</u>

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