Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424 Version 02

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

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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JUN 01 2009
STATE CLEARING HOUSE

State Use Only:

6 Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The East Los Angeles Community Union

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2554256

* c. Organizational DUNS: 010720597

d. Address:

* Street1: 5400 East Olympic Boulevard
Street2:
* City: Los Angeles
County: Los Angeles
* State: California
Province:
* Country: USA USA: UNITED STATES
* Zip / Postal Code: 90022

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. * First Name: Jose
Middle Name:
* Last Name: Villalobos
Suffix:

Title: Senior Vice President

Organizational Affiliation:

* Telephone Number: 323-721-1655 Fax Number: 323-721-3560

* Email: jvtelacu@aol.com

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Non-Profit Community Development Corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type.

** Other (specify):*

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

DHHS/ACF/OCS

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Economic Development Discretionary Grant Program

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-EE-0034

* Title:

Community Economic Development Program Operational Projects

13. Competition Identification Number:

Title

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

Los Angeles County

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

Expansion of TELACU Property Management to create 41 jobs for low income persons

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant 25, 29, 30 * b. Program/Project 25,29,30

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

17. Proposed Project:

* a. Start Date: 9/30/09 * b. End Date: 9/30/12

18. Estimated Funding ($):

* a. Federal $800,000
* b. Applicant $38,000,000
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL $38,800,000

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 5/22/09.

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

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

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

[ ] Yes [X] No

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name. Jose

Middle Name:

* Last Name: Villalobos

Suffix:

* Title: Senior Vice President

* Telephone Number: 323-721-1655 Fax Number: 323-721-3560

* Email: jvtelacu@aol.com

* Signature of Authorized Representative: Jose Villalobos * Date Signed: 5/22/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED June 01, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	**3. DATE RECEIVED BY STATE**	State Application Identifier
☐ **Construction**	☑ **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
☐ **Non-Construction**	☐ **Non-Construction**		

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District	**Organizational Unit:** Department: Engineering
Organizational DUNS: 04-133-0739	Division: Sanitation
Address: Street: 85995 Avenue 52	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: Armando
City: Coachella	Middle Name
County: Riverside	Last Name Rodriguez
State: California / Zip Code 92236	Suffix:
Country: United States of America	Email: arodriguez@cvwd.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000827	Phone Number (give area code) 760-398-2651 / Fax Number (give area code) 760-398-3711

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8. TYPE OF APPLICATION: ☑ **New** ☐ **Continuation** ☐ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) Special District (G) Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development District
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770 TITLE (Name of Program): Water and Waste Disposal Loans and Grants (Colonias Loan & Grants)	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Proposed sanitary sewer collection facilities to serve the existing and proposed expansion of the Mountain View Estates, and for adjacent communities along Polk Street, from Avenue 68th to south of Avenue 64th.
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Community of Oasis, Riverside, California	
13. PROPOSED PROJECT Start Date: 11/01/2009 / Ending Date: 02/01/2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 45th Congressional District / b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 7,055,521.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 01, 2009
b. Applicant	$ 0.00	
c. State	$ 0.00	
d. Local	$ 0.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 0.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ 0.00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 7,055,521.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Mr.	First Name Steve	Middle Name
Last Name Robbins		Suffix
b. Title General Manager - Chief Engineer		c. Telephone Number (give area code) 760-398-2651
d. Signature of Authorized Representative		e. Date Signed 5/26/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

RECEIVED JUN 01 2009 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Santa Nella County Water District	Organizational Unit:
	Department:
Organizational DUNS:	Division:
Address: Street: 12931 S Hwy 33	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Amy
City: Santa Nella	Middle Name
County: Merced	Last Name: Montgomery
State: CA Zip Code: 95322	Suffix:
Country: USA	Email: amontgomery@snwd.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1686293	Phone Number (give area code): 209-826-0920 Fax Number (give area code): 209-826-8359

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drill and equip New water well

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

13. PROPOSED PROJECT: Start Date: July 2009 Ending Date: Sept 2009

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 b. Project 18

15. ESTIMATED FUNDING:

a. Federal	$ 375,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 375,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 5/26/09
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED 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: Amy	Middle Name
Last Name: Montgomery		Suffix
b. Title: General Manager		c. Telephone Number (give area code): 209-826-0920
d. Signature of Authorized Representative: Amy Montgomery		e. Date Signed: 4-13-09

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT

Organizational Unit:
Department:

Organizational DUNS: 006492235

Division: TRUCKEE TAHOE AIRPORT

Address:
Street: 10356 TRUCKEE AIRPORT ROAD
City: TRUCKEE
County: NEVADA
State: CALIFORNIA
Zip Code: 96161
Country: USA

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JUN 01 2009
STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: DAVID
Middle Name
Last Name: GOTSCHALL
Suffix:
Email: manager@truckeetahoeairport.com
Phone Number (give area code): 530-587-4540
Fax Number (give area code): 530-587-2984

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*
9 4 - 1 5 6 3 3 2 8

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

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

9. NAME OF FEDERAL AGENCY:
FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
2 0 - 1 0 6
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RUNWAY 28 TOUCHDOWN RECONSTRUCTION

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*
TRUCKEE, NEVADA COUNTY, PLACER COUNTY, CALIFORNIA

13. PROPOSED PROJECT
Start Date: JULY 2009
Ending Date: JANUARY 2010

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

15. ESTIMATED FUNDING:

a. Federal	$ 1,886,000.00
b. Applicant	$ 0.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,886,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: MAY 29, 2009
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix:
First Name: WILLIAM
Middle Name:
Last Name: QUESNEL
Suffix:
b. Title: PRESIDENT
c. Telephone Number (give area code): 530-587-4540
d. Signature of Authorized Representative: [signature]
e. Date Signed: 5-28-09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED June 01, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District

Organizational DUNS: 04-133-0739

Address:

Street: 85995 Avenue 52

City: Coachella

County: Riverside

State: California

Zip Code: 92236

Country: United States of America

Organizational Unit:

Department: Engineering

Division: Sanitation

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

Prefix: Mr.

First Name: Armando

Middle Name

Last Name: Rodriguez

Suffix:

Email: arodriguez@cvwd.org

Phone Number (give area code): 760-398-2651

Fax Number (give area code): 760-398-3711

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JUN 01 2009
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000827

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

Special District (G)

Other (specify)

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development District

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770

TITLE (Name of Program): Water and Waste Disposal Loans and Grants (Colonias Loan & Grants)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Proposed water distribution facilities to serve the proposed expansion of the Mountain View Estates, and adjacent communities.

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

Community of Oasis, Riverside, California

13. PROPOSED PROJECT

Start Date: 11/01/2009

Ending Date: 02/01/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 45th Congressional District

b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 6,439,798.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 6,439,798.00

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

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

DATE: June 01, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mr.

First Name: Steve

Middle Name

Last Name: Robbins

Suffix

b. Title: General Manager - Chief Engineer

c. Telephone Number (give area code): 760-398-2651

d. Signature of Authorized Representative

e. Date Signed: 5/26/09

Sele ed for State revi) (916)323-3

OMB
Expiration

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Iden

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FD02-04ER63750

b. Agency Routing Number

2. DATE SUBMITTED 05/29/2009

Applicant Identifier DE-PS02-9ER09-02

5. APPLICANT INFORMATION *** Organizational DUNS:** 125084723

* Legal Name: The Regents of the University of California, Santa Cruz

Department: Electrical Engineering Division: School of Engineering

* Street1: 1156 High Street

Street2:

* City: Santa Cruz County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95064-1077

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Deirdre Middle Name:

* Last Name: Beach Suffix:

* Phone Number: (831)459-2778 Fax Number:

Email: dbeach@ucsc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-1539563

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☐ New ☐ Resubmission

☐ Renewal ☐ Continuation ☒ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 8

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Supplement: Wireless Link and Microelectronics

12. PROPOSED PROJECT:

* Start Date 07/01/2009 * Ending Date 06/30/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** 17th

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Wentai Middle Name:

* Last Name: Liu Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California, Santa Cruz

Department: Electrical Engineering Division: School of Engineering

* Street1: 1156 High Street

Street2:

* City: Santa Cruz County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95064-1077

* Phone Number: (831)459-1721 Fax Number:

* Email: wentai@soe.ucsc.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	130,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	130,000.00
d. Estimated Program Income	0.00

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

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

DATE: 06/01/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SF LLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Deirdre Middle Name:

* Last Name: Beach Suffix:

* Position/Title: Contracts and Grant Officer

* Organization: The Regents of the University of California, Santa Cruz

Department: Office of Sponsored Projects Division: Office of Research

* Street1: 1156 High Street

Street2:

* City: Santa Cruz County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95064-1077

* Phone Number: (831)459-2778 Fax Number:

* Email: dbeach@ucsc.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
05/28/2009	New Economics for Women

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: New Economics for Women

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3969029	197689474

d. Address:

* Street1:	303 South Loma Drive
Street2:	
* City:	Los Angeles
County:	Los Angeles
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90017

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	(213) 483-2060	Fax Number:	

* Email: mcervantes@neworg.us

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit 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:**

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant_Discretionary Awards

*** 12. Funding Opportunity Number:**

HHS-2009-ACF-OCS-EE-0034

* Title:

Community Economic Development Projects

13. Competition Identification Number:

Title:

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

Los Angeles, CA

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

New Economics for Women (NEW) seeks to utilize $329,553 in CED funds to establish Socos, a Green Property Maintenance business that will employ low-income individuals in the City of Los Angeles

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-034 * b. Program/Project CA-034

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

Program Congressional Distri | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	329,553.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	2,039,265.00
* g. TOTAL	2,368,818.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/28/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Maggie

Middle Name:

* Last Name: Cervantes

Suffix:

* Title: Executive Director

* Telephone Number: (213) 483-2060 Fax Number:

* Email: mcervantes@neworg.us

* Signature of Authorized Representative: William Cipes * Date Signed: 05/28/2009

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

Application for Federal Assistance SF-424 Version 02

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

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

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF RIVERSIDE

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6000769	040502114

d. Address:

* Street1:	3900 MAIN STREET
Street2:	
* City:	RIVERSIDE
County:	RIVERSIDE
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92522

e. Organizational Unit:

Department Name:	Division Name:
RIVERSIDE POLICE DEPARTMENT	COMMUNICATIONS

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

Prefix:	Ms.	* First Name:	PATTY
Middle Name:	A		
* Last Name:	TAMBE		
Suffix:			

Title: SENIOR MANAGEMENT ANALYST

Organizational Affiliation:
RIVERSIDE POLICE DEPARTMENT

* Telephone Number:	951-826-5869	Fax Number:	951-826-5360

* Email: ptambe@riversideca.gov

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 or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Riverside
City of Ontario
City of San Bernardino
Riverside County
San Bernardino County

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

Inland Wireless Interoperability Network

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: 44, 45
* b. Program/Project: 44, 45

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	895,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	895,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/01/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: City Manager

* Telephone Number: 951-826-5771
Fax Number: 951-826-5470

* Email: bhudson@riversideca.gov

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

OMB Number: 4040-0004
Expiration Date: 7/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	Amendment CE-96949401-5

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	CE-96949401-4

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Association of Bay Area Governments

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2832478	07-907-3920

d. Address:

* Street1:	P.O. Box 2050
Street2:	101 Eighth Street
* City:	Oakland
County:	Alameda
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	94604-2050

e. Organizational Unit:

Department Name:	Division Name:
San Francisco Estuary Partnership	

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

Prefix:	Ms.	* First Name:	Judy
Middle Name:	A.		
* Last Name:	Kelly		
Suffix:			

Title: Director, San Francisco Estuary Partnership

Organizational Affiliation:

Association of Bay Area Governments

* Telephone Number:	510-622-8137	Fax Number:	510-622-2501

* Email: jakelly@waterboards.ca.gov

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

E. Regional organization-local governments

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

Clean Water Act Section 320 National Estuary Program

*** 12. Funding Opportunity Number:**

CWA Section 320

* Title:

National Estuary Program

13. Competition Identification Number:

Non-competitive

Title:

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

Nine Bay area counties and three Delta Counties surrounding the San Francisco Bay Estuary

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

San Francisco Estuary Partnership- Implementation of the Comprehensive Conservation and Management Plan (CCMP) for the San Francisco Bay Estuary

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: 9
* b. Program/Project: 1-3,6-10,12-16

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	$600,000.00
* b. Applicant	$25,040.00
* c. State	$600,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$1,225,040.00

*** 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 5/26/09.

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

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

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

☐ Yes ☑ No Explanation

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

☐ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Henry

Middle Name: L.

* Last Name: Gardner

Suffix:

* Title: Executive Director

* Telephone Number: 510-464-7988 Fax Number: 510-464-7985

* Email: henryg@abag.ca.gov

* Signature of Authorized Representative: Henry L. Gardner * Date Signed: 5/29/09

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 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: City of Avenal

* b. Employer/Taxpayer Identification Number (EIN/TIN): 942608273

* c. Organizational DUNS: 039080525

d. Address:

* Street1: 919 Skyline Blvd.
Street2:
* City: Avenal
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93204

e. Organizational Unit:

Department Name: City Manager

Division Name: City Manager

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

Prefix: Mr.
* First Name: Steven
Middle Name:
* Last Name: Sopp
Suffix:

Title: Community Development Director

Organizational Affiliation:

* Telephone Number: (559) 386-5782
Fax Number: 559-386-0629

* Email: ssopp@cityofavenal.com

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

City of Avenal and Kings County

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

Construction of Aqueduct Turnout

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-020
* b. Program/Project: CA-020

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2009
* b. End Date: 10/31/2009

18. Estimated Funding ($):

* a. Federal	1,952,000.00
* b. Applicant	488,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	2,440,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/01/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Ms.
* First Name: Melissa
Middle Name:
* Last Name: Whitten
Suffix:

* Title: City Manager

* Telephone Number: 559-386-5766
Fax Number: 559-386-0629

* Email: mwhitten@cityofavenal.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	**2. DATE SUBMITTED** June 01, 2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District	**Organizational Unit:** Department: Engineering
Organizational DUNS: 04-133-0739	Division: Sanitation
Address: Street: 85995 Avenue 52	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Armando
City: Coachella	Middle Name
County: Riverside	Last Name Rodriguez
State: California Zip Code 92236	Suffix:
Country: United States of America	Email: arodriguez@cvwd.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000827	Phone Number (give area code) 760-398-2651 Fax Number (give area code) 760-398-3711
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) Special District (G) Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development District
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770 TITLE (Name of Program): Water and Waste Disposal Loans and Grants (Colonias Loan & Grants)	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Proposed water distribution facilities to serve the proposed expansion of the Mountain View Estates, and adjacent communities.
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Community of Oasis, Riverside, California	
13. PROPOSED PROJECT Start Date: 11/01/2009 Ending Date: 02/01/2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 45th Congressional District b. Project

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15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 6,439,798.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 01, 2009
b. Applicant	$ 0.00	
c. State	$ 0.00	
d. Local	$ 0.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 0.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ 0.00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 6,439,798.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Mr.	First Name Steve	Middle Name
Last Name Robbins		Suffix
b. Title General Manager - Chief Engineer		c. Telephone Number (give area code) 760-398-2651
d. Signature of Authorized Representative		e. Date Signed 5/26/09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED June 01, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District

Organizational Unit: Department: Engineering; Division: Sanitation

Organizational DUNS: 04-133-0739

Address:

Street: 85995 Avenue 52

City: Coachella

County: Riverside

State: California

Zip Code: 92236

Country: United States of America

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

Prefix: Mr. First Name: Armando

Middle Name

Last Name: Rodriguez

Suffix:

Email: arodriguez@cvwd.org

Phone Number (give area code): 760-398-2651

Fax Number (give area code): 760-398-3711

RECEIVED JUN 02 2009 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000827

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)

Special District (G)

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development District

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770

TITLE (Name of Program): Water and Waste Disposal Loans and Grants (Colonias Loan & Grants)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Proposed sanitary sewer collection facilities to serve the existing and proposed expansion of the Mountain View Estates, and for adjacent communities along Polk Street, from Avenue 68th to south of Avenue 64th.

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

Community of Oasis, Riverside, California

13. PROPOSED PROJECT

Start Date: 11/01/2009

Ending Date: 02/01/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 45th Congressional District

b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 7,055,521.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 7,055,521.00

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

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

DATE: June 01, 2009

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mr. First Name: Steve Middle Name:

Last Name: Robbins Suffix:

b. Title: General Manager - Chief Engineer c. Telephone Number (give area code): 760-398-2651

d. Signature of Authorized Representative e. Date Signed: 5/26/09

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Lompoc Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000734

* c. Organizational DUNS: 960095990

d. Address:

* Street1: 107 Civic Center Plaza
Street2:
* City: Lompoc
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93436

e. Organizational Unit:

Department Name: Lompoc Police Department

Division Name: Support Services

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

Prefix:
* First Name: Lawrence
Middle Name: A.
* Last Name: Ralston
Suffix:

Title: Captain

Organizational Affiliation:

* Telephone Number: 805-875-8104
Fax Number: 805-735-8256

* Email: lralston@ci.lompoc.ca.us

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 or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

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

The 2009 Lompoc Police Technology Grant will provide funding for neighborhood surveillance cameras, a surveillance van, and overtime toward enforcement strategies to reduce gang violence.

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-024
* b. Program/Project: CA-024

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Timothy
Middle Name: L.
* Last Name: Dabney
Suffix:

* Title: Chief of Police

* Telephone Number: 805-875-8103
Fax Number: 805-735-8256

* Email: t_dabney@ci.lompoc.ca.us

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

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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JUN 02 2009
STATE CLEARING HOUSE

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: Build Rehabilitation Industries, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2483215

*c. Organizational DUNS: 078837721

d. Address:

*Street 1: 1323 Truman Street
Street 2:
*City: San Fernando
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 91340

e. Organizational Unit:

Department Name: WIA Department

Division Name: Build Work Source Center

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

Prefix:
*First Name: Matthew
Middle Name: P.
*Last Name: Lynch
Suffix:

Title: President/CEO

Organizational Affiliation:

*Telephone Number: (818) 898-0020

Fax Number: (818) 898-1949

*Email: MLynch@BuildRehab.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:**
M:Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of Labor - Veterans' Employment and Training Service (VETS)

11. Catalog of Federal Domestic Assistance Number:

17.802

CFDA Title:
Veterans' Employment Program

***12 Funding Opportunity Number:**

SGA # 09/02

*Title:
Veterans' Workforce Investment Program (VWIP)

13. Competition Identification Number:

SGA # 09/02

Title:

VWIP

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

Los Angeles County

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

Build Veterans Project: Build Rehabilitation Industries, Inc. (BRI) prposes to serve Veterans by providing Solar Panel Installation and Energy Efficient Training. After successful completion of training BRI will work closely with its One Stop Career Center (The Chatsworth/Northridge WorkSource Center) and the local LVER and DVOP to find the Veterans employment . The project will be housed at the Chatsworth/Northridge WorkSource Center located on 9207 Eton Avenue. Chatsworth, CA 91311 . The following is a map link:
(http://maps.google.com/maps?q=9207+Eton+Ave.+Chatsworth,+CA+91311&sourceid=ie7&oe=utf8&ie=UTF8&split=0&gl=us&ei=b

BQjSp6_KoTwAOEj4GABA&ll=34.239,-118.594751&spn=0.008284,0.013733&z=16&iwloc=A)

The collocation of the proposed project under this SGA at a full service One Stop Career Center and the same agency (BRI) managing both the Veterans Project and the One Stop Career Center will ensure that resources are efficiently maxed out and duplication of services is avoided.

There will be two other satallite offices in Burbank City and San Fernando City to make it convenient for Veterans to meet with our staff.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-028 *b. Program/Project: CA-027, CA-028, CA-029, CA-030

17. Proposed Project:

*a. Start Date: 07/01/09 *b. End Date: 06/30/09

18. Estimated Funding ($):

*a. Federal	500,000.00
*b. Applicant	200,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	700,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on June 2, 2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Matthew

Middle Name: P.

*Last Name: Lynch

Suffix:	
*Title: President/CEO	
*Telephone Number: (818) 898-0020	Fax Number: (818) 898-1949
* Email: MLynch@BuildRehab.Org	
*Signature of Authorized Representative:	*Date Signed: 06/02/09

Authorized for Local Reproduction

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 6-3-09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: The Foundation for CSU - San Bernardino

Organizational DUNS: 030579213

Address:
Street: 5500 University Parkway
City: San Bernardino
County: San Bernardino
State: California
Zip Code: 92407
Country: USA

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Charles
Middle Name: A.
Last Name: Stanley
Suffix:
Email: cstanley@csusb.edu
Phone Number (give area code): (909) 537-3914
Fax Number (give area code): (909) 537-7036

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6067343

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)
I. State Controlled Institution of Higher Learning
Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Energy - Office of Science -- Chicago Office

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 01-049
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Reaching for the Stars – California State University San Bernardino Observatory Project

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
San Bernardino County, CA

13. PROPOSED PROJECT
Start Date: 07/01/2009
Ending Date: 06/30/2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 41
b. Project: 41, 43

15. ESTIMATED FUNDING:

a. Federal	$ 554,915.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 554,915.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 06/03/2009
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Mr. First Name: Charles Middle Name: A.
Last Name: Stanley Suffix:
b. Title: Director, Sponsored Programs Administration
c. Telephone Number (give area code): (909) 537-3914
d. Signature of Authorized Representative: CA Stanley
e. Date Signed: 6/2/2009

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

Application for Federal Assistance SF-424 Version 02

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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JUN 02 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Montebello, CA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000746

* c. Organizational DUNS: 825590482

d. Address:

* Street1: 1600 W. Beverly Blvd.
Street2:
* City: Montebello
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90640

e. Organizational Unit:

Department Name: Montebello Police Department

Division Name: Grants - Support Services

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

Prefix: Mr. * First Name: Steve
Middle Name:
* Last Name: Taratula
Suffix:

Title: Grants and Projects Administrator

Organizational Affiliation: Montebello Police Department

* Telephone Number: 323-887-1280 Fax Number: 323-887-1317

* Email: staratula@cityofmontebello.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

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

Montebello Police Department '09 Technology Initiative: P25 Compliant Portable Radios

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application

- [ ] New
- [x] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: MSCA 2009/2010

8. APPLICANT INFORMATION:

* a. Legal Name: Department of toxic Substances Control

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

*c. Organizational DUNS: 949010870

d. Address:

*Street1: 8800 Cal Center Drive, Floor 3
Street 2:
*City: Sacramento
County: Sacramento
*State: California
Province:
Country:
*Zip/ Postal Code: 95826-3200

e. Organizational Unit:

Department Name: Department of Toxic Substances Control

Division Name: Brownfields and Environmental Restoration Program

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

Prefix: Ms.
First Name: Jessie
Middle Name:
*Last Name: Ugalde
Suffix:

Title: Associate Analyst

Organizational Affiliation:
Program Support, Brownfields and Environmental Restoration Program

*Telephone Number: (916) 255-3897
Fax Number: (916) 255-6445

*Email: jugalde@dtsc.ca.gov

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant District 3 & 4

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 7/1/2009

*b. End Date: 6/30/2011

18. Estimated Funding ($):

*a. Federal	$600,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$600,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/14/09
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Stewart

Middle Name: W.

*Last Name: Black

Suffix:

*Title: Deputy Director (Acting), Brownfields and Environmental Restoration Program

*Telephone Number: (916) 225-3897

Fax Number: (916) 255-6445

*Email: sblack@dtsc.ca.gov

*Signature of Authorized Representative: Stewart W. Black

Date Signed: 5/13/09

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
04/21/09

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
09SR097839

4. DATE RECEIVED BY FEDERAL AGENCY:
04/21/09

FEDERAL IDENTIFIER:
09SRPCA017

5. APPLICATION INFORMATION

LEGAL NAME: Central County United Way

DUNS NUMBER: 008028560

ADDRESS (give street address, city, state, zip code and county):
418 E. Florida Ave.
Hemet CA 92543 - 4210
County: Riverside

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

NAME: Sandie Foreman

TELEPHONE NUMBER: (951) 929-0423 22

FAX NUMBER: (951) 652-0064

INTERNET E-MAIL ADDRESS: rsvp@ccuw.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956006645

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

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8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [X] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION

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

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

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RSVP of Western Riverside County

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

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Western Riverside County: Includes the cities of Banning, Beaumont, Calimesa, Canyon Lake, Corona, Hemet, Lake Elsinore, Menifee, Moreno Valley, Murrieta, Perris, Riverside, San Jacinto, Temecula and Wildomar.

13. PROPOSED PROJECT: START DATE: 04/01/09 END DATE: 03/31/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 045 b.Program

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 74,526.00
b. APPLICANT	$ 34,802.00
c. STATE	$ 0.00
d. LOCAL	$ 32,800.00
e. OTHER	$ 2,002.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 109,328.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 25-APR-09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Bob Duistermars

b. TITLE:
President

c. TELEPHONE NUMBER:
(951) 929-9691

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
05/27/09

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Corona

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000697

* c. Organizational DUNS: 088513155

d. Address:

* Street1: 400 South Vicentia Ave
Street2:
* City: Corona
County: Riverside
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92882

e. Organizational Unit:

Department Name: Corona Police Department

Division Name: Support Services Division

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

Prefix: Ms.
* First Name: Sharon
Middle Name:
* Last Name: McBride
Suffix:

Title: Accounting Grants Specialist

Organizational Affiliation: Corona Police Department

* Telephone Number: 951-279-3577
Fax Number: 951-817-5685

* Email: sharon.mcbride@ci.corona.ca.us

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 or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Corona

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

Corona 2009 Interoperability Equipment 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: 44 * b. Program/Project: 44

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/11/2009 * b. End Date: 03/10/2012

18. Estimated Funding ($):

* a. Federal	330,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	330,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/03/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Bradly

Middle Name: L.

* Last Name: Robbins

Suffix:

* Title: City Manager

* Telephone Number: 951-736-2370 Fax Number: 951-736-2493

* Email: BradRobi.corona.ca.us

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

Authorized for Local Reproduction

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

5-28-09

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Corona

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956000697	088513155

d. Address:

* Street1: 400 South Vicentia Ave
Street2:
* City: Corona
County: Riverside
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92282

e. Organizational Unit:

Department Name:	Division Name:
Corona Police Department	Support Services Division

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

Prefix: Ms. * First Name: Sharon
Middle Name:
* Last Name: McBride
Suffix:

Title: Accounting Grants Specialist

Organizational Affiliation:
Corona Police Department

* Telephone Number:	Fax Number:
951-279-3577	951-817-5885

* Email: sharon.mcbride@ci.corona.ca.us

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 or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Corona

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

Corona 2009 Wi-Max Expansion 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: 44
* b. Program/Project: 44

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/11/2009
* b. End Date: 03/10/2012

18. Estimated Funding ($):

* a. Federal	325,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	325,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/03/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Bradly
Middle Name: L.
* Last Name: Robbins
Suffix:

* Title: City Manager

* Telephone Number: 951-736-2370
Fax Number: 951-736-2493

* Email: BradR@ci.corona.ca.us

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

Authorized for Local Reproduction

5-28-09

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

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)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ 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: County of San Diego

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000934

*c. Organizational DUNS: 00-9581646

d. Address:

*Street 1: 3989 Ruffin Road
Street 2:
*City: San Diego
County:
*State: CA
Province:
*Country: U. S. A
*Zip / Postal Code 92123

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STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Housing and Community Development

Division Name: Community Development

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

Prefix: Mr. *First Name: Michael
Middle Name: A.
*Last Name: Dececchi
Suffix:

Title: Chief

Organizational Affiliation:
County of San Diego Department of Housing and Community Development

*Telephone Number: (858) 694-4802 Fax Number: (858) 694-4871

*Email: mike.dececchi@sdcounty.ca.gov

Application for Federal Assistance SF-424 Version 02

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.253

CFDA Title:

Community Development Block Grant (CDBG) Entitlement/Recovery Act Funded (CDBG-R)

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Coronado, City of Del Mar, City of Imperial Beach, City of Lemon Grove, City of Poway, City of Solana Beach, and select County of San Diego unincorporated communities (Casa De Oro and Warner Springs).

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

Eight Infrastructure and Public Facilities Improvement projects are proposed, as well as one Affordable Rental Housing Rehabilitation project and a Program Administration project.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 49, 50, 51, 52, and 53 *b. Program/Project: 49, 50, 52, and 53

17. Proposed Project:

*a. Start Date: September 1, 2009 *b. End Date: September 30, 2012

18. Estimated Funding ($):

*a. Federal	1,259,592
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,259,592

***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 6/1/09

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Catherine

Middle Name:

*Last Name: Trout Lichterman

Suffix:

*Title: Director

*Telephone Number: 858-694-8750 Fax Number: 858-694-4871

* Email: catherine.lichterman@sdcounty.ca.gov

*Signature of Authorized Representative: *Date Signed: 6/1/09

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
04/21/09

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
09SC097904

4. DATE RECEIVED BY FEDERAL AGENCY:
04/21/09

FEDERAL IDENTIFIER:
09SCPCA003

5. APPLICATION INFORMATION

LEGAL NAME: Central County United Way

DUNS NUMBER: 008028560

ADDRESS (give street address, city, state, zip code and county):
418 E. Florida Ave.
Hemet CA 92543 - 4210
County: Riverside

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STATE CLEARING HOUSE

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

NAME: Lee Anne Adams

TELEPHONE NUMBER: (951) 929-0423

FAX NUMBER: (951) 652-0084

INTERNET E-MAIL ADDRESS: services@ccuw.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956006645

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

8. TYPE OF APPLICATION (Check appropriate box):

[ ] NEW [X] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*

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

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016
10b. TITLE: Senior Companion Program

11 a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
SCP of Riverside County

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

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

13. PROPOSED PROJECT: START DATE: 07/01/09 END DATE: 06/30/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 045 b.Program

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 70,648.00
b. APPLICANT	$ 10,780.00
c. STATE	$ 0.00
d. LOCAL	$ 10,352.00
e. OTHER	$ 428.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 81,428.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 28-APR-09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
Lee Anne Adams	Program Director	(951) 929-0423

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
04/21/09

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
04/21/09

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
09SF097903

4. DATE RECEIVED BY FEDERAL AGENCY:
04/21/09

FEDERAL IDENTIFIER:
09SFPCA006

5. APPLICATION INFORMATION

LEGAL NAME: Central County United Way

DUNS NUMBER: 006028560

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ADDRESS (give street address, city, state, zip code and county):
418 E. Florida Ave.
Hemet CA 92543 - 4210
County: Riverside

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

NAME: Lee Anne Adams

TELEPHONE NUMBER: (951) 929-0423

FAX NUMBER: (951) 652-0064

INTERNET E-MAIL ADDRESS: services@ccuw.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956006845

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

8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [X] NEW/PREVIOUS GRANTEE

[ ] CONTINUATION [ ] AMENDMENT

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

A. AUGMENTATION B. BUDGET REVISION

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

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

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FGP of Riverside County

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

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

13. PROPOSED PROJECT: START DATE: 07/01/09 END DATE: 06/30/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 045 b.Program CA 045

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 53,497.00
b. APPLICANT	$ 12,795.00
c. STATE	$ 0.00
d. LOCAL	$ 12,173.00
e. OTHER	$ 622.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 66,292.00

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

[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 28-APR-09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Lee Anne Adams

b. TITLE:
Program Director

c. TELEPHONE NUMBER:
(951) 929-0423

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
04/21/09

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
06/02/2009	CALGANG/GANGNET NIFM Bridge

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sonoma

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000539	133144852

d. Address:

* Street1:	Sheriff's Department
Street2:	2796 Ventura Ave.
* City:	Santa Rosa
County:	Sonoma
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95403

e. Organizational Unit:

Department Name:	Division Name:
Sonoma County Sheriff's Dept.	Administration

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

Prefix:	Ms.	* First Name:	Connie
Middle Name:	L.		
* Last Name:	Newton		
Suffix:			

Title: Department Analyst

Organizational Affiliation:

* Telephone Number:	707-565-6884	Fax Number:	707-565-6018

* Email: cnewton@sonoma-county.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

Over 640 law enforcement agencies in California and approximately 10 local and Federal agencies nationwide (all current users of the CALGANG/GANGNET gang intelligence database)

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

Development of National Information Exchange Model (NIEM) compliant "Bridge" for CalGang. The purpose of the bridge is to enhance data captured by the CalGang system and to increase efficiency.

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 006
* b. Program/Project: CA 001

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

CongressionalDistricts1.doc | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/31/2009
* b. End Date: 07/30/2012

18. Estimated Funding ($):

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

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/04/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Bill
Middle Name:
* Last Name: Cogbill
Suffix:

* Title: Sheriff-Coroner

* Telephone Number: 707-565-2781
Fax Number: 707-565-6018

* Email: wcogbill@sonoma-county.org

* Signature of Authorized Representative: Heidi Keith
* Date Signed: 06/02/2009

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FG02-91ER40662

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 092530369

* Legal Name: Regents of the University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Phone Number: 310-794-0171 Fax Number: 310-794-0631

Email: klund@resadmin.ucla.edu

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JUN 04 2009
STATE CLEARING HOUSE

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 1956006143A1

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:

Recovery Act: A Proposal for Infrastructure for the UCLA High Energy Physics Research Program

12. PROPOSED PROJECT:

* Start Date: 01/15/2009 * Ending Date: 01/14/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof. * First Name: David Middle Name:

* Last Name: Cline Suffix:

Position/Title:

* Organization Name: David Cline

Department: 1000 Division: Univ. of Calif, Los Angeles

* Street1: Box 951547

Street2: UCLA Physics & Astronomy

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-825-1673 Fax Number:

* Email: dcline@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	576,100.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	576,100.00
d. Estimated Program Income	0.00

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

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

DATE: 06/03/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] *** I agree**

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0171 Fax Number: 310-794-0631

* Email: klund@resadmin.ucla.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-91ER40662 (Supplement)
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
*** Organizational DUNS:** 092530369
* Legal Name: Regents of the University of California
Department: Off. of Contract & Grant Admin
Division: Univ. of Calif, Los Angeles
* Street1: 11000 Kinross Ave, Suite 102
Street2:
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application
Prefix: Ms.
* First Name: Kristin
Middle Name:
* Last Name: Lund
Suffix:
* Phone Number: 310-794-0171
Fax Number: 310-943-1656
Email: ocga3@research.ucla.edu

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JUN 04 2009
STATE CLEARING HOUSE

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 956006143

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☐ New ☐ Resubmission
☐ Renewal ☐ Continuation ☒ Revision

If Revision, mark appropriate box(es).
☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:
Recovery Act: A Proposal for Infrastructure for the UCLA High Energy Physics Research Program

12. PROPOSED PROJECT:
* Start Date: 01/15/2009
* Ending Date: 01/14/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: David
Middle Name:
* Last Name: Cline
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Physics & Astronomy
Division: Univ. of Calif, Los Angeles
* Street1: Box 951547
Street2: UCLA Physics & Astronomy
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-1673
Fax Number:
* Email: dcline@physics.ucla.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	576,100.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	576,100.00
d. Estimated Program Income	0.00

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

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

DATE: 06/03/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: The Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90095-1406

* Phone Number: 310-794-0171 Fax Number: 310-943-1656

* Email: ocga3@research.ucla.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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JUN 0 3 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Garden Grove, City of

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6005848

* c. Organizational DUNS: 838134872

d. Address:

* Street1: 11301 Acacia Parkway
Street2: P.O. Box 3070
* City: Garden Grove
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92840

e. Organizational Unit:

Department Name: Police Department

Division Name: Administrative Services Bureau

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

Prefix:
* First Name: Courtney
Middle Name: P.
* Last Name: Allison
Suffix:

Title: Police Fiscal Analyst

Organizational Affiliation:

* Telephone Number: (714)741-5819
Fax Number: (714) 741-5955

* Email: courta@ci.garden-grove.ca.us

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 or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Garden Grove

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

Purchase of Automated Report Writing and Document Retrieval System

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-040
* b. Program/Project: ARWS

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 06/01/2010

18. Estimated Funding ($):

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

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/05/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Courtney
Middle Name: P.
* Last Name: Allison
Suffix:

* Title: Police Fiscal Analyst

* Telephone Number: (714) 741-5819
Fax Number: (714) 741-5955

* Email: courta@ci.garden-grove.ca.us

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 6-3-09	Applicant Identifier RS Tracking #: 09-148
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: South Coast Air Quality Management District	Organizational Unit: Department:
Organizational DUNS: 953099419	Division: Science & Technology Advancement
Address: Street: 21865 Copley Dr.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Mary
City: Diamond Bar, CA	Middle Name
County: Los Angeles	Last Name Leonard
State: CA Zip Code 91765	Suffix:
Country: USA	Email: mleonard@aqmd.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3099419	Phone Number (give area code) 909-396-2780 / Fax Number (give area code) 909-396-2765

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Regional Agency
	9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-034 TITLE (Name of Program): Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: National Air Toxics Trends Station (NATTS)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.	
13. PROPOSED PROJECT Start Date: 07/01/2009 / Ending Date: 06/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25-49 / b. Project 25-49

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 220,000 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6-3-09
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 220,000 .00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative Prefix	First Name Barry	Middle Name R.
Last Name Wallerstein		Suffix D. Env.
b. Title Executive Officer		c. Telephone Number (give area code) 909-396-2100
d. Signature of Authorized Representative		e. Date Signed 6/2/09

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By:
Date: 5-28-09

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DEFG0291ER40674 Supplement

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 047120084

* Legal Name: The Regents of the University of California (Davis)

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95618-0000

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Person to be contacted on matters involving this application

Prefix: * First Name: Suzanne Middle Name:

* Last Name: Iwatate Suffix:

* Phone Number: 530-754-8017 Fax Number: 530-752-4717

Email: stiwatate@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-6036494

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:

Recovery Act: UC Davis High Energy and Cosmology

12. PROPOSED PROJECT:

* Start Date: 01/01/2009 * Ending Date: 12/31/2009

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Winston Middle Name:

* Last Name: Ko Suffix:

Position/Title: Professor of Physics and Dean of MPS

* Organization Name: The Regents of the University of California (Davis)

Department: College of Letters and Science Division: Math and Physical Science

* Street1: University of CA, Davis

Street2: One Shields Avenue

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95616-8677

* Phone Number: 530-754-8918 Fax Number:

* Email: wtko@ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	589,800.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	589,800.00
d. Estimated Program Income	0.00

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

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

DATE: 06/04/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Suzanne | Middle Name:

* Last Name: Iwatate | Suffix:

* Position/Title: Contracts and Grants Analyst

* Organization: The Regents of the University of California (Davis)

Department: Office of Research | Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 95618-6153

* Phone Number: 530-754-8017 | Fax Number:

* Email: sciwatate@ucdavis.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-92ER40745-Supplement
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 072933393
* Legal Name: UNIVERSITY OF SOUTHERN CALIFORNIA
Department: CONTRACTS & GRANTS
Division:
* Street1: 837 DOWNEY WAY
Street2: STO-330
* City: LOS ANGELES
County / Parish: LOS ANGELES
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90089-1147

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Person to be contacted on matters involving this application
Prefix: Mrs.
* First Name: Lisa
Middle Name:
* Last Name: Inomata-O'Connell
Suffix:
* Phone Number: 213 740 7762
Fax Number: 213 740 6070
Email: linomata@ooc.usc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-1642394

7. * TYPE OF APPLICANT: O: Private Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☐ New ☐ Resubmission
☐ Renewal ☐ Continuation ☒ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☒ E. Other (specify): SUPPLEMENT

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:
RECOVERY ACT - "Supplemental Proposal for Acquisition of Femtosecond Laser System for synchronized characterization of electron-beam-driven plasma wakefields"

12. PROPOSED PROJECT:
* Start Date: 08/01/2009
* Ending Date: 07/31/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-033

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix:
* First Name: Patric
Middle Name:
* Last Name: Muggli
Suffix:
Position/Title: Research Professor
* Organization Name: UNIVERSITY OF SOUTHERN CALIFORNIA
Department: CONTRACTS & GRANTS
Division:
* Street1: 837 DOWNEY WAY
Street2: STO-330
* City: LOS ANGELES
County / Parish: LOS ANGELES
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90089-1147
* Phone Number: 213 821 4293
Fax Number: 213 740 8677
* Email: muggli@usc.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	623,315.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	623,315.00
d. Estimated Program Income	0.00

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

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

DATE: 06/04/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Lisa | Middle Name:

* Last Name: Inomata-O'Connell | Suffix:

* Position/Title: Contracts & Grants Adminstrator III

* Organization: UNIVERSITY OF SOUTHERN CALIFORNIA

Department: CONTRACTS & GRANTS | Division:

* Street1: 837 DOWNEY WAY

Street2: STO-330

* City: LOS ANGELES | County / Parish: LOS ANGELES

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 90089-1147

* Phone Number: 213 740 7762 | Fax Number: 213 740 6070

* Email: linomata@ooc.usc.edu

*** Signature of Authorized Representative** Completed on submission to Grants.gov

*** Date Signed** 6/4/2009 Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ 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: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676

*c. Organizational DUNS: 056179906

d. Address:

*Street 1: 8445 WEST ELOWIN COURT
Street 2: P.O. BOX 6520
*City: VISALIA
County: TULARE
*State: CALIFORNIA
Province:
*Country: USA: UNITED STATES
*Zip / Postal Code 93290

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e. Organizational Unit:

Department Name: Division Name:

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

Prefix: MR *First Name: PATRICK
Middle Name:
*Last Name: ISHERWOOD
Suffix:

Title: ADMINISTRATIVE ANALYST

Organizational Affiliation:

*Telephone Number: (559) 802 - 1653 Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2009

13. Competition Identification Number:

Title:

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

HURON, CALIFORNIA

HUGHSON, CALIFORNIA

KINGS COUNTY, MADERA COUNTY, MERCED COUNTY, & TULARE COUNTY, CALIFORNIA

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

THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 21 *b. Program/Project: 18-21

17. Proposed Project:

*a. Start Date: 09/01/2009 *b. End Date: 9/1/2010

18. Estimated Funding ($):

*a. Federal	110,000
*b. Applicant	
*c. State	250,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: MR. *First Name: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix:

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 6.3.09

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 06/05/2009

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Brea

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000681

* c. Organizational DUNS: 040516791

d. Address:

* Street1: 1 Civic Center Circle
Street2:
* City: Brea
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92821

e. Organizational Unit:

Department Name: Police Department

Division Name: Investigations

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

Prefix: Mr.
* First Name: Brian
Middle Name:
* Last Name: Parker
Suffix:

Title: Detective Sergeant

Organizational Affiliation:

* Telephone Number: (714) 990-7613
Fax Number: (714) 990-7641

* Email: brianpa@cityofbrea.net

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FG02-92ER40695

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 092530369

RECEIVED JUN 05 2009 STATE CLEARING HOUSE

* Legal Name: Regents of the University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 1100C Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* 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

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:

Recovery Act: Liquid Lithium Lens final Cooler Test Facility at UCLA

12. PROPOSED PROJECT:

* Start Date: 11/01/2008 * Ending Date: 10/31/2009

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof. * First Name: David Middle Name:

* Last Name: Cline Suffix:

Position/Title:

* Organization Name: David Cline

Department: 1000 Division: Univ. of Calif, Los Angeles

* Street1: Box 951547

Street2: UCLA Physics & Astronomy

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-825-1673 Fax Number:

* Email: dcline@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	140,984.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	140,984.00
d. Estimated Program Income	0.00

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

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

DATE: 06/05/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] *** I agree**

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0171 Fax Number: 310-794-0631

* Email: klund@resadmin.ucla.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify) _____

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676

*c. Organizational DUNS: 056179906

d. Address:

*Street 1: 8445 WEST ELOWIN COURT
Street 2: P.O. BOX 6520
*City: VISALIA
County: TULARE
*State: CALIFORNIA
Province:
*Country: USA: UNITED STATES
*Zip / Postal Code 93290

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: MR
*First Name: PATRICK
Middle Name:
*Last Name: ISHERWOOD
Suffix:

Title: ADMINISTRATIVE ANALYST

Organizational Affiliation:

*Telephone Number: (559) 802 - 1653
Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.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:**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2009

13. Competition Identification Number:

Title:

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

HURON, CALIFORNIA

HUGHSON, CALIFORNIA

KINGS COUNTY, MADERA COUNTY, MERCED COUNTY, & TULARE COUNTY, CALIFORNIA

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

THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 21 *b. Program/Project: 18-21

17. Proposed Project:

*a. Start Date: 09/01/2009 *b. End Date: 9/1/2010

18. Estimated Funding ($):

*a. Federal	110,000
*b. Applicant	
*c. State	250,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: MR. *First Name: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix:

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 6.3.09

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 6/5/09

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):

One Gateway Plaza
Los Angeles, California 90012-2952

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

Kathy Banh
(213) 922-7635

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

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

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

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE 49 U.S.C. § 5307/5340

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Growing States – PM Rail, CA-90-Y510-03

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*): County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/06	6/30/09	Districts 24 through 39, and 41	Same as Applicant

15. ESTIMATED FUNDING

a Federal	$	7,461,956.00
b Applicant	$	.00
c State	$	.00
d Local	$	1,865,489.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	9,3327,445.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?

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

DATE 6/5/09

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
GLADYS LOWE	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	6-5-2009

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 6/4/09

Applicant Identifier:

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

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Kathy Banh
(213) 922-7635

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:
New ☐ Continuation ☒ Revision ☐

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

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

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507
TITLE 49 U.S.C. § 5309

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
CA-03-0508-12 – Metro Gold Line Eastside Extension

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
04/08/01	4/30/11	25 through 39, 42, 46	29, 31, 32 and 34

15. ESTIMATED FUNDING		
a Federal	$	47,401,358.00
b Applicant	$	.00
c State	$	.00
d Local	$	73,948,420.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	121,349,778.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 6/4/09
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a Typed Name of Authorized Representative	b Title	c Telephone number
Gladys Lowe	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative: Richard Christie

e. Date Signed: 6-3-09

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

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)
☐ Preapplication	☒ New	A. Increase Award
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: County of Ventura

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000944

*c. Organizational DUNS: 066691122

d. Address:

*Street 1: 800 South Victoria Avenue
Street 2: Hall of Administration L#1940
*City: Ventura
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93009

e. Organizational Unit:

Department Name: County Executive Office

Division Name: Regional Development Division

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

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

Title: Deputy Executive Officer

Organizational Affiliation:
County of Ventura - County Executive Office - Regional Development Division

*Telephone Number: 805-654-2679 Fax Number: 805-654-5106

*Email: christy.madden@ventura.org

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 23 and 24 *b. Program/Project: 23 and 24

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	540,287
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	540,287

***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 June 5, 2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Marty

Middle Name:

*Last Name: Robinson

Suffix:

*Title: County Executive Officer

*Telephone Number: 805-654-2681 Fax Number: 805-654-5106

* Email: marty.robinson@ventura.org

*Signature of Authorized Representative: *Date Signed: 6-3-09

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Fighting Back Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0298092	127983398

d. Address:

* Street1:	505 Santa Clara Street,3rd Floor
Street2:	
* City:	Vallejo
County:	Solano
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94590

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Mr.	* First Name:	Anthony
Middle Name:			
* Last Name:	Pearsall		
Suffix:			

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	(707) 648-4230	Fax Number:	(707) 648-5212

* Email: tpearsall@fight-back.org

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 7th
* b. Program/Project: 09-007

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2009
* b. End Date: 09/29/2013

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	0.00
* c. State	28,706.00
* d. Local	7,500.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	86,206.00

*** 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.
- [x] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Anthony
Middle Name: Joseph
* Last Name: Pearsall
Suffix:

* Title: Executive Director

* Telephone Number: (707) 648-4230
Fax Number: (707) 648-5212

* Email: tpearsall@fight-back.org

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE | **State Application Identifier**

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FG02-92ER40693

b. Agency Routing Number

2. DATE SUBMITTED | **Applicant Identifier**

5. APPLICANT INFORMATION *** Organizational DUNS:** 002530369

* Legal Name: Regents of the University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

RECEIVED
JUN 08 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* 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

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:

Recovery Act: Neptune Lab Hybrid Photoinjector Upgrade

12. PROPOSED PROJECT:

* Start Date: 11/01/2008 * Ending Date: 10/31/2009

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof. * First Name: James Middle Name:

* Last Name: Rosenzweig Suffix:

Position/Title:

* Organization Name: James Rosenzweig

Department: 1000 Division: Univ. of Calif, Los Angeles

* Street1: Box 951547

Street2: UCLA Physics & Astronomy

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-206-4541 Fax Number:

* Email: rosen@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	224,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	224,000.00
d. Estimated Program Income	0.00

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

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

DATE: 06/05/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* 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 | Delete Attachment | View Attachment

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STATE CLEARING HOUSE

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DEFG0291ER40674 Supplement

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 047120084

* Legal Name: The Regents of the University of California (Davis)

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: 300 Suite

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95618-0000

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JUN 0 8 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Suzanne Middle Name:

* Last Name: Iwatate Suffix:

* Phone Number: 530-754-8017 Fax Number:

Email: sciwatate@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-6036494

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:

High Energy Particle Physics Research

12. PROPOSED PROJECT:

* Start Date: 01/01/2009 * Ending Date: 12/31/2009

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Winston Middle Name:

* Last Name: Ko Suffix:

Position/Title: Professor of Physics and Dean of MPS

* Organization Name: The Regents of the University of California (Davis)

Department: College of Letters and Science Division: Math and Physical Sciences

* Street1: University of CA, Davis

Street2: One Shields Avenue

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95616-8677

* Phone Number: 530-754-8918 Fax Number:

* Email: wtko@ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	408,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	408,000.00
d. Estimated Program Income	0.00

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

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

DATE: 06/08/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SF-LLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix:
* First Name: Suzanne
Middle Name:
* Last Name: Iwatate
Suffix:
* Position/Title: Contracts and Grants Analyst
* Organization: The Regents of the University of California (Davis)
Department: Office of Research
Division: Sponsored Programs
* Street1: 1850 Research Park Drive
Street2: 300 Suite
* City: Davis
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95618-0000
* Phone Number: 530-754-8017
Fax Number:
* Email: sciwatate@ucdavis.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

RECEIVED
JUN 08 2009
STATE CLEARING HOUSE

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 0948783940000
* Legal Name: The Regents of the University of California
Department:
Division:
* Street1: University of California Santa Barbara
Street2:
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 931062050

Person to be contacted on matters involving this application
Prefix:
* First Name: Lynne
Middle Name:
* Last Name: Van Der Kamp
Suffix:
* Phone Number: 805-893-5687
Fax Number: 805-893-2611
Email: van@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-6006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:
UCSB Experimental High Energy Physics Group

12. PROPOSED PROJECT:
* Start Date: 04/01/2009
* Ending Date: 03/31/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-023

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: Jeffrey
Middle Name: D.
* Last Name: Richman
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Physics
Division:
* Street1: University of California Santa Barbara
Street2:
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 931062050
* Phone Number: 805-893-8408
Fax Number:
* Email: richman@hep.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	182,500.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	182,500.00
d. Estimated Program Income	0.00

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

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

DATE: 06/08/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Lynne | Middle Name:

* Last Name: Van Der Kamp | Suffix: Sponsored

* Position/Title: Sponsored Project Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: University of California Santa Barbara

Street2:

* City: Santa Barbara | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 931062050

* Phone Number: 805-893-5687 | Fax Number: 805-893-2611

* Email: van@research.ucsb.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application 6/8/09 | Add Attachment | Delete Attachment | View Attachment

RECEIVED
JUN 0 8 2009
STATE CLEARING HOUSE

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE:

State Application Identifier:

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-92ER40695 (supplement)

b. Agency Routing Number:

2. DATE SUBMITTED:

Applicant Identifier:

5. APPLICANT INFORMATION

* Organizational DUNS: 092530369

RECEIVED
JUN 08 2009
STATE CLEARING HOUSE

* Legal Name: Regents of the University of California

Department: Off. of Contract & Grant Admin

Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application

Prefix: Ms.

* First Name: Kristin

Middle Name:

* Last Name: Lund

Suffix:

* Phone Number: 310-794-0171

Fax Number: 310-943-1656

Email: ocga3@research.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006143

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:

Recovery Act: Liquid Lithium Lens final Cooler Test Facility at UCLA

12. PROPOSED PROJECT:

* Start Date: 11/01/2008

* Ending Date: 10/31/2009

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof.

* First Name: David

Middle Name:

* Last Name: Cline

Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Physics and Astronomyg

Division: Univ. of Calif, Los Angeles

* Street1: Box 951547

Street2: UCLA Physics & Astronomy

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90095-1547

* Phone Number: 310-825-1673

Fax Number:

* Email: dcline@physics.ucla.edu

16. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	140,984.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	140,984.00
d. Estimated Program Income	0.00

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

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

DATE: 06/05/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90095-1406

* Phone Number: 310-794-0171 Fax Number: 310-943-1656

* Email: ocga3@research.ucla.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-92ER40693 (supplement)
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 092530369
* Legal Name: Regents of the University of California
Department: Off. of Contract & Grant Admin
Division: Univ. of Calif, Los Angeles
* Street1: 11000 Kinross Ave, Suite 102
Street2:
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application
Prefix: Ms.
* First Name: Kristin
Middle Name:
* Last Name: Lund
Suffix:
* Phone Number: 310-794-0171
Fax Number: 310-943-1656
Email: ocga3@research.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006143

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☐ New ☐ Resubmission
☐ Renewal ☐ Continuation ☒ Revision

If Revision, mark appropriate box(es).
☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:
Recovery Act: Neptune Lab Hybrid Photoinjector Upgrade

12. PROPOSED PROJECT:
* Start Date: 11/01/2009
* Ending Date: 10/31/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: James
Middle Name:
* Last Name: Rosenzweig
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Physics and Astronomy
Division: Univ. of Calif, Los Angeles
* Street1: Box 951547
Street2: UCLA Physics & Astronomy
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90095-1547
* Phone Number: 310-206-4541
Fax Number:
* Email: rosen@physics.ucla.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	224,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	224,000.00
d. Estimated Program Income	0.00

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

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

DATE: 06/05/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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[X] * I agree

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18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90095-1406

* Phone Number: 310-794-0171 Fax Number: 310-943-1656

* Email: ocga3@research.ucla.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE | **State Application Identifier**

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED | **Applicant Identifier**

5. APPLICANT INFORMATION — *** Organizational DUNS:** 0948783940000

* Legal Name: The Regents of the University of California
Department: | Division:
* Street1: University of California Santa Barbara
Street2:
* City: Santa Barbara | County / Parish:
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 931062050

RECEIVED
JUN 09 2009
CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix: | * First Name: Lynne | Middle Name:
* Last Name: Van Der Kamp | Suffix:
* Phone Number: 805-893-5687 | Fax Number: 805-893-2611
Email: van@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-6006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:
Recovery Act (DE-PS02-09ER09-02) UCSB High Energy Physics Group Infrastructure

12. PROPOSED PROJECT:
* Start Date: 04/01/2009 | * Ending Date: 03/31/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. | * First Name: Jeffrey | Middle Name: D.
* Last Name: Richman | Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Physics | Division:
* Street1: University of California Santa Barbara
Street2:
* City: Santa Barbara | County / Parish:
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 931062050
* Phone Number: 805-893-8408 | Fax Number:
* Email: richman@hep.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	349,100.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	0.00
d. Estimated Program Income	0.00

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

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

DATE: 06/05/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: * First Name: Lynne Middle Name:

* Last Name: Van Der Kamp Suffix:

* Position/Title: Sponsored Project Officer

* Organization: The Regents of the University of California

Department: Office of Research Division:

* Street1: University of California Santa Barbara

Street2:

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 931062050

* Phone Number: 805-893-5687 Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FG02-03ER15441

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier 20091636Wodtke

5. APPLICANT INFORMATION

*** Organizational DUNS:** 094076394

RECEIVED
JUN 09 2009
STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California
Department: Office of Research
Division:
* Street1: University of California
Street2: 3227 Cheadle Hall, 3rd Floor
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-2050

Person to be contacted on matters involving this application
Prefix: Mrs.
* First Name: Lynn
Middle Name:
* Last Name: Clark
Suffix:
* Phone Number: 805-893-3689
Fax Number: 805-893-4120
Email: clark@chem.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-6006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☐ New ☐ Resubmission
☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

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:
Electronically non-adiabatic dynamics at the gas-solid interface

12. PROPOSED PROJECT:
* Start Date: 01/01/2010
* Ending Date: 12/31/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: Alec
Middle Name:
* Last Name: Wodtke
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Chemistry & Biochemistry
Division: College of Letters & Science
* Street1: Office of Research
Street2: 3227 Cheadle Hall, 3rd Floor
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-2050
* Phone Number: 805-893-8085
Fax Number: 805-893-4120
* Email: wodtke@chem.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	893,999.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	893,999.00
d. Estimated Program Income	0.00

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

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

DATE: 06/09/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Lynne | Middle Name:

* Last Name: Van Der Kamp | Suffix:

* Position/Title: Sponsored Projects Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: University of California

Street2: 3227 Cheadle Hall, 3rd Floor

* City: Santa Barbara | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-5687 | Fax Number: 805-893-2611

* Email: van@research.ucsb.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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)
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: La Cooperativa Campesina de California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0329821

*c. Organizational DUNS: 787128362

d. Address:

*Street 1: 7801 Folsom Blvd., Suite 365
Street 2:
*City: Sacramento
County:
*State: California
Province:
*Country: United States
*Zip / Postal Code 95826

e. Organizational Unit:

Department Name: Division Name:

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

Prefix: Mr *First Name: .Raul
Middle Name:
*Last Name: Meyreles
Suffix:

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (916)388-2220 Fax Number: (916)388-2425

*Email: rmeyreles@lacooperativa.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. DOL-ETA Division of Federal Assistance

11. Catalog of Federal Domestic Assistance Number:

17-264

CFDA Title:

Workforce Investment Act

***12 Funding Opportunity Number:**

SGA/DFA - PY 06-05

*Title:

National Farmworker Housing Assistance Program

13. Competition Identification Number:

Title:

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

California, Oregon, Washington

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

WIA Migrant and Seasonal Farmworker Housing Program

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-005 *b. Program/Project: CA-All, OR-All, WA-All

17. Proposed Project:

*a. Start Date: 07/01/2009 *b. End Date: 06/30/2010

18. Estimated Funding ($):

*a. Federal	$617,810
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$617,810

***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 06/15/2009

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

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

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

☐ Yes ☒ 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: Raul Meyreles

Prefix: Mr. *First Name: Raul

Middle Name:

*Last Name: Meyreles

Suffix:

*Title: Executive Director

*Telephone Number: (916)388-2220 Fax Number: (916)388-2425

* Email: rmeyreles@lacooperativa.org

*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:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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: Yuba-Sutter Economic Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0342145

* c. Organizational DUNS: 120321596

d. Address:

* Street1: 1227 Bridge Street, Suite C
Street2:
* City: Yuba City
County: Sutter
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95991

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e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Stephen
Middle Name: M.
* Last Name: Brammer
Suffix:

Title: President

Organizational Affiliation:

* Telephone Number: 530-751-8555
Fax Number: 530-751-8515

* Email: sbrammer@ysedc.org

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 5, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT	Organizational Unit:
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 **DUNS #025986159**	Name and telephone number of the person to be contacted on matters involving this application (give area code) (909)-396-2765 (fax) Mary Leonard (909) 396-2780 mleonard@aqmd.gov
6. EMPLOYER IDENTIFICATION (EIN): 953099419	7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Special District
8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es): ☐ ☐ ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ Other Specify:	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 66.039 TITLE: National Clean Diesel Funding Assistance Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Retrofit of Heavy-Duty Diesel Trucks Powered by Exhaust Gas Recirculation (EGR) or non-EGR Engines with Johnson Matthey Selective Catalytic Continuously Regenerating Technology (SCCRT)
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties	

13. PROPOSED PROJECT: Start Date	End Date	14. CONGRESSIONAL a. Applicant: 42	b. Project: 24-49
08/01/2009	09/30/2010		

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: 06/05/2009 DATE b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	$ 2,000,000	
b. Applicant	$ 300,000	
c. State	$	
d. Local	$	
e. Other	$ 1,380,820	
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes If "Yes" attach an explanation √ No
g. TOTAL	$ 3,680,820	

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

a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.	b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative: Barry R. Wallerstein		e. Date Signed 5 June 09

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

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By: [signature] 6/4/09
Date:

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 5, 2009	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction √ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT	Organizational Unit:
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765 **DUNS #025986159**	Name and telephone number of the person to be contacted on matters involving this application (give area code) (909)-396-2765 (fax) Mary Leonard (909) 396-2780 mleonard@aqmd.gov
6. EMPLOYER IDENTIFICATION (EIN): 953099419	7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Special District
8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es): ☐ ☐ ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration ☐ Other Specify:	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.039 TITLE: National Clean Diesel Funding Assistance Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Retrofit of Heavy-Duty Diesel Trucks Powered by Non-Exhaust Gas Recirculation Engines with Johnson Matthey Selective Catalytic Regenerating Technology (SCRT)
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties	
13. PROPOSED PROJECT: Start Date 08/01/2009; End Date 09/30/2010	14. CONGRESSIONAL: a. Applicant: 42; b. Project: 24-49
15. Estimated Funding:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: 06/05/2009 DATE b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

a. Federal	$ 2,000,000
b. Applicant	$ 300,000
c. State	$
d. Local	$
e. Other	$ 1,380,820
f. Program Income	$
g. TOTAL	$ 3,680,820

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

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

a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.	b. Title: Executive Officer	c. Telephone Number: (909) 396-2100
d. Signature of Authorized Representative:		e. Date Signed: 5 June 09

Previous Editions Not Usable

APPROVED AS TO FORM
KURT R WIESE, GENERAL COUNSEL
By: 6/4/09
Date:

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

AUTHORIZED FOR LOCAL REPRODUCTION

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 10, 2009

Applicant Identifier:

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

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: **Port of Oakland**

Organizational Unit: **Port of Oakland Acting by and through its Board of Port Commissioners**

Address (give city, county, state, and zip code): **530 Water Street, Oakland, CA 94607**

Name and telephone number of the person to be contacted on matters involving this application (give area code): **Christina Lee (510) 627-1510**

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EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2

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

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

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6
TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Reconstruction of East Apron, Phase 3, Taxilane Sierra and West Ramp, South Field, OIA

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): **San Francisco Bay Area**

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
07/09	01/11	7	4

15. ESTIMATED FUNDING		
a. Federal	$	4,700,000 .00
b. Applicant	$	.00
c. State	$	.
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$	4,700,000 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: **June 10, 2009**
b. NO ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
Steve Grossman	Director of Aviation	(510) 627-1133

d. Signature of Authorized Representative

e. Date Signed: **June 10, 2009**

Previous Editions Not Usable

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

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
AD 15744 06 60

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Asociacion Nacional Pro Personas Mayores

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-652-7300

*c. Organizational DUNS:
02-073-6880

d. Address:

*Street 1: 234 E. Colorado Blvd., Suite 300
Street 2:
*City: Pasadena
County: Los Angeles
*State: California
Province:
*Country: USA
*Zip / Postal Code 91101

e. Organizational Unit:

Department Name:
National Office

Division Name:

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

Prefix: Dr.
*First Name: Carmela
Middle Name: G.
*Last Name: Lacayo
Suffix:

Title: President/CEO

Organizational Affiliation:
ANPPM

*Telephone Number: 626-564-1988
Fax Number: 626-564-2659

*Email: anppm@aol.com

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
U.S. Department of Labor, Employment and Training Administration

11. Catalog of Federal Domestic Assistance Number:

17-235

CFDA Title:
Senior Community Service Employment Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Arizona, California, District of Columbia, Louisiana, Pennsylvania ***See Attached Excel Spreadsheet**

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

To provide employment services to low-income older workers who are 55 years of age or older, under the Older Americans Act of 2006, Title V Senior Community Services Employment Program.

Application for Federal Ass. ance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-029 *b. Program/Project: see attached for Congressional Dist.

17. Proposed Project:

*a. Start Date: July 1, 2009 *b. End Date: June 30, 2010

18. Estimated Funding ($):

*a. Federal	10,815,446.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	1,201,716.00
*f. Program Income	
*g. TOTAL	12,017,162.00

***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: Dr. *First Name: Carmela

Middle Name: G.

*Last Name: Lacayo

Suffix:

*Title: President/CEO

*Telephone Number: 626-564-1988 Fax Number: 626-564-2659

* Email: anppm@aol.com

*Signature of Authorized Representative: *Date Signed: June 12, 2009

(Certified current 7/25/08)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	06/10/2009
Applicant Identifier	
3. DATE RECEIVED BY STATE	
State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier	

1. TYPE OF SUBMISSION:

Application
- ☒ Construction
- ☐ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **COUNTY OF KERN**

Organizational Unit:
Department: **DEPARTMENT OF AIRPORTS**

Organizational DUNS: **949169015**

Division:

Address:
Street: **3701 WINGS WAY, SUITE 300**

City: **BAKERSFIELD**

County: **KERN**

State: **CA** Zip Code: **93308-7026**

Country: **USA**

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

Prefix: **MR** First Name: **MATTHEW**

Middle Name: **D**

Last Name: **MAASS**

Suffix:

Email: **maassm@co.kern.ca.us**

Phone number (give area code): **(661) 391-1800**

~~FAX number (give area code)~~: **(661) 391-1801**

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *EIN*):

9 5 - 6 0 0 0 9 2 5

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

Other *(specify)*

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

B

Other (specify)

9. NAME OF FEDERAL AGENCY
FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **AIRPORT IMPROVEMENT PROGRAM**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RUNWAY REHABILITATION AND FENCING INCLUDING GATE

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
TAFT, KERN COUNTY, CA, USA

13. PROPOSED PROJECT

Start Date	Ending Date
8/15/2009	10/01/2009

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
22	22

15. ESTIMATED FUNDING

a. Federal	$	75,000 .00
b. Applicant	$	3,947 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	78,947 .00

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

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

DATE: **06/10/2009**

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a. Authorized Representative

Prefix **MR** First Name **MATTHEW** Middle Name **D**

Last Name **MAASS** Suffix

b. Title **DEPUTY DIRECTOR OF AIRPORTS**

c. Telephone number (give area code) **(661) 391-1800**

d. Signature of Authorized Representative: Matthew Maass

e. Date Signed **06/10/2009**

Close Form | Next | Print Page | About

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUN 15 2009
STATE CLEARING HOUSE

* 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: Goshen Village II Partners, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3256760 (Self-Help Enterprises, Corporation of Tulare County Village II Partners)

* c. Organizational DUNS: 056179906

d. Address:

* Street1: 8445 W. Flowin Court P.O. Box 6520
Street2:
* City: Visalia
County: County of Tulare
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93290

e. Organizational Unit:

Department Name: Multi-Family Housing

Division Name: N/A

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

Prefix:
* First Name: Doug
Middle Name:
* Last Name: Pingel
Suffix: Mr.

Title: Multi-family Program Director

Organizational Affiliation: N/A

* Telephone Number: 559-302-0651
Fax Number: 559-651-3634

* Email: dougp@selfhelpenterprises.org

Close Form | Previous | Next | Print Page | About

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:

P: For-Profit Organization (Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Housing Service (RHS)

11. Catalog of Federal Domestic Assistance Number:

10.405/10.427

CFDA Title:

10.415 Rural Rental Housing Loans / 10.427 Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Goshen and County of Tulare

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

Goshen Village II is a new construction 56-unit multifamily housing project with a community room and recreational facilities.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Close Form | Previous | Next | Print Page | About

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 02/2011
* b. End Date: 02/2012

18. Estimated Funding ($):

* a. Federal	$1,000,000
* b. Applicant	$ 100,000
* c. State	$2,000,000
* d. Local	
* e. Other: Tax Credits	$ 9,900,000
* f. Program Income	
* g. TOTAL	$ 13,000,000

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Peter
Middle Name: N.
* Last Name: Carey
Suffix: Mr.

* Title: President/CEO of SHE, GP of Cesher Village II Partners, a CA Limited Partnership

* Telephone Number: 559-802-0699 Fax Number: 559-651-3634

* Email: peterc@selfhelpenterprises.org

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

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