Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2010.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 5/25/2010	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: Noth Lone Pine Mutual Water Company

Organizational DUNS: 607959843

Address:
Street: 216 Kellogg PO Box
PO Box 692
City: Lone Pine
County: Inyo
State: CA
Zip Code: 93545
Country: USA

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Mark
Middle Name: William
Last Name: Long
Suffix:
Email: markwlong@earthlink.net
Phone Number (give area code): 760 878-0361
Fax Number (give area code): 760 878-0239

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: ☐☐-☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: (See back of form for Application Types)
Other (specify) Mutual Water Company

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

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Water main replacement and installation of fire hydrants

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

13. PROPOSED PROJECT
Start Date: 7/1/2010
Ending Date: 8/1/2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 25
b. Project: 25

15. ESTIMATED FUNDING:

a. Federal	$ 300,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

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

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

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

a. Authorized Representative
Prefix
First Name: Mark
Middle Name: William
Last Name: Long
Suffix
b. Title: President North Lone Pine Mutual Water Company
c. Telephone Number (give area code): 760 878-0361
d. Signature of Authorized Representative: Mark
e. Date Signed: 5/21/2010

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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JUN 01 2010
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Moztec, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 14-1890663

* c. Organizational DUNS: 168091379

d. Address:

* Street1: 5959 Texhoma Avenue
Street2:
* City: Encino
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91316

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: Chris
Middle Name:
* Last Name: Howe
Suffix:

Title: Director

Organizational Affiliation:

* Telephone Number: 818-259-7292
Fax Number:

* Email: chris_s_howe@yahoo.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:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000293

* Title:

Marine and Hydrokinetic Technology Readiness Advancement Initiative

13. Competition Identification Number:

Title:

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

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

Build and test second generation Wave Electricity Generator. Complete theoretical modelling and analysis, and technology design. Build prototype. Execute component and integration testing.

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-028
* b. Program/Project: CA-028

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/13/2010
* b. End Date: 08/03/2011

18. Estimated Funding ($):

* a. Federal	240,000.00
* b. Applicant	60,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	2,500.00
* f. Program Income	0.00
* g. TOTAL	302,500.00

*** 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 05/01/2010.

[ ] 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: Mehdi

Middle Name: G.

* Last Name: Mozafari

Suffix:

* Title: President, CEO and Chairman of the Board

* Telephone Number: 818-585-0502 Fax Number:

* Email: patent7@aol.com

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

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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 APR - 9 2010	Federal Identifier

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5. APPLICANT INFORMATION

Legal Name: River to Coast Children's Services	Organizational Unit: Department:
Organizational DUNS: 054672753	Division:
Address: Street: PO Box 16	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Donna
City: Guerneville	Middle Name Joyce
County: Sonoma	Last Name Roper
State: CA Zip Code 95446	Suffix:
Country: USA	Email: droper@recservices.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2379459	Phone Number (give area code) 707-869-3613 Fax Number (give area code) 707-869-2616
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) O. Not for Profit Organization Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Adding storage and refrigerator for emergency food resource program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Western Sonoma County	
13. PROPOSED PROJECT Start Date: ASAP Ending Date:	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant Woolsey b. Project Woolsey

15. ESTIMATED FUNDING:

a. Federal	$ 3566.00
b. Applicant	$ 6624.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 10,190.00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Ms.	First Name Donna	Middle Name Joyce
Last Name Roper		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 707-869-3613
d. Signature of Authorized Representative		e. Date Signed 4-8-10

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Standard Form 424 (Rev.9-2003)
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	

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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: South County Housing Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2590572

*c. Organizational DUNS: 09-854-2202

d. Address:

*Street 1: 7455 Carmel Street
Street 2:
*City: Gilroy
County: Santa Clara County
*State: California
Province:
*Country: USA
*Zip / Postal Code 95020

e. Organizational Unit:

Department Name: Real Estate Department

Division Name:

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

Prefix: Mr *First Name: Luis
Middle Name: A.
*Last Name: Preciado
Suffix:

Title: Project Manager

Organizational Affiliation:
South County Housing Full Time Staff Member

*Telephone Number: 408-843-9231 Fax Number: 408-842-0277

*Email: luis@scounty.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:

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

Type of Applicant 3: Select Applicant Type:

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

*Other (Specify)

***10 Name of Federal Agency:**

USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:

Farm Labor Housing (Notice of Funds Available for Section 514 Farm Labor Housing Loan)

***12 Funding Opportunity Number:**

N/A

*Title:

Notice of Funds Available for Section 514 Farm Labor Housing Loan

13. Competition Identification Number:

N/A

Title:

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

State: California. County: Monterey. Cities: Soledad, Gonzalez, Chualar, Salinas, Greenfield, and King City.

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

Camphora Apartments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17th *b. Program/Project: CA-017

17. Proposed Project:

*a. Start Date: 04/01/2012 *b. End Date: 07/30/2013

18. Estimated Funding ($):

*a. Federal	a)	2,000,000
*b. Applicant	b)	391,334
*c. State	c)	6,500,000
*d. Local	d)	1,470,399
*e. Other	e)	11,089,977
~~*f. Program Income~~		
*g. TOTAL	g)	21,452,044

***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 5/27/2010

☐ 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: Dennis

Middle Name:

*Last Name: Lalor

Suffix:

*Title: President / Chief Executive Officer

*Telephone Number: 408-843-9236 Fax Number: 408-842-0277

* Email: dennis@scounty.com

*Signature of Authorized Representative: *Date Signed: 5/27/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 05/26/2010	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

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Round Valley Unified School District

Organizational DUNS: 100133081

Address:

Street: PO Box 276, 23401 Foothill & Airport Rd.

City: Covelo

County: Mendocino

State: CA

Zip Code: 95428-0276

Country: US

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Organizational Unit:

Department: Cafeteria

Division:

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

Prefix: Ms. First Name: Debi

Middle Name

Last Name: Vau

Suffix:

Email: debivau@mcoe.us

Phone Number (give area code): 707-983-6171 ext. 102

Fax Number (give area code): 707-983-6655

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6002711

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)

H. Independent School District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE (Name of Program): USDA Rural Development Community Facilities Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Round Valley Unified School District Cafeteria Kitchen Equipment Improvement

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

Covelo, Round Valley, Mendocino County, California

13. PROPOSED PROJECT

Start Date: July 10, 2010

Ending Date: September 31, 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant CA-001

b. Project CA-001

15. ESTIMATED FUNDING:

a. Federal USDA	$ 67,294.00
b. Applicant RVUSD - General Fund	$ 22,432.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 89,726.00

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 28, 2010

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: Porter Middle Name

Last Name: Sexton Suffix

b. Title: Acting Superintendent

c. Telephone Number (give area code): 707-983-6171 ext 103

d. Signature of Authorized Representative

e. Date Signed: May 26, 2010

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

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received: 4. Application 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: Association of Bay Area Governments

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2832478

*c. Organizational DUNS: 07-907-3920

d. Address:

*Street1: P.O. Box 2050
Street 2: 101 Eighth Street
*City: Oakland
County: Alameda
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 94604-2050

e. Organizational Unit:

Department Name: San Francisco Estuary Partnership

Division Name:

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. 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-competitve

Title:

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

Nine Bay area counties and portions of 3 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 Managment Plan (CCMP) for the San Francisco Bay Estuary

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 9

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

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

17. Proposed Project:

*a. Start Date: 10/01/2010

*b. End Date: 09/30/2010

18. Estimated Funding ($):

*a. Federal	$800,000.00
*b. Applicant	$29,989.00
*c. State	$150,000.00
*d. Local	$600,000.00
*e. Other	
*f. Program Income	
*g. TOTAL	$1,579,989.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/01/2010
☐ 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: Henry

Middle Name: L.

*Last Name: Gardner

Suffix:

*Title: Executive Director

*Telephone Number: 510-464-7988

Fax Number: 510-464-7985

*Email: henrgyg@abag.ca.gov

*Signature of Authorized Representative: Henry L. Gardner

Date Signed: 06/01/2010

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	

RECEIVED
JUN 02 2010
STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Pre-application: ☐ Construction ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Rio Vista CARE, Inc.

Organizational DUNS: 842812166

Address:

Street: 125 Sacramento St.

City: Rio Vista

County: Solano

State: CA Zip Code 94571

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: First Name: Naomi

Middle Name Linda

Last Name Walker

Suffix:

Email: Naomiwalker@frontiernet.net

Phone Number (give area code) 707-374-1465

Fax Number (give area code) 707-374-1465

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065766

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) O. Not for Profit

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-762

TITLE (Name of Program): Community Facilities Loan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Real Property Purchase

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rio Vista, Isleton, Walnut Grove, Collinsville, Bird's Landing

13. PROPOSED PROJECT

Start Date: 4-13-10 Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 3

15. ESTIMATED FUNDING:

a. Federal	$ 400,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ .00

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

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

DATE: 5-10-10

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 Aramintha Middle Name

Last Name Blackwelder Suffix

b. Title Executive Director c. Telephone Number (give area code) 707-374-5243

d. Signature of Authorized Representative Aramintha Blackwelder e. Date Signed 5/10/10

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ 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 JUN 01 2010	Federal Identifier 04-053-~~02063480690~~ 144775668

5. APPLICANT INFORMATION

Legal Name: HAYFORK FIRE PROTECTION DISTRICT	Organizational Unit:
	Department: HAYFORK VOLUNTEER FIRE DEPTARTMENT
Organizational DUNS: 608566928	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: PO BOX 613 7230 STATE HWY #3	Prefix: MR / First Name: DICK
City: HAYFORK	Middle Name
County: TRINITY	Last Name MURRAY
State: CA / Zip Code 96041-0613	Suffix:
Country:	Email: dickm@com-pair.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 2 0 - 5 3 4 0 8 9 0	Phone Number (give area code) (530) 739-5993 / Fax Number (give area code) (530) 628-5464

RECEIVED JUN 02 2010 STATE CLEARING HOUSE

8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☑ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ B. Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. SPECIAL DISTRICT. Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6. TITLE (Name of Program): COMMUNITY FACILITY LOAN PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of an Equipment Garage, as part of the Hayfork Public Safety Facility, to house the Fire Department and the Trinity County Life Support equipment. Upon receipt of additional funds, the next stages of the Facility will add dormitory and administrative wings .
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COMMUNITY OF HAYFORK & SURROUNDING AREA	
13. PROPOSED PROJECT: Start Date: 10/01/09 / Ending Date: 8/01/10	14. CONGRESSIONAL DISTRICTS OF: a. Applicant #2 / b. Project #2

15. ESTIMATED FUNDING:		
a. Federal	$	800,000
b. Applicant	$	219,151 282,000
c. State	$	
d. Local	$	117,000 ~~16,018~~
e. Other County Permit Fees	$	14,883
f. Program Income	$	
g. TOTAL	$	1151,034 ~~1,112,091~~

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative		
Prefix MR	First Name DICK	Middle Name
Last Name MURRAY		Suffix
b. Title OWNER'S REPRESENTATIVE		c. Telephone Number (give area code) (530) 410-1522
d. Signature of Authorized Representative		e. Date Signed 5/30/2010

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

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	30

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

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JUN 03 2010
STATE CLEARINGHOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Pollinator Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-3203967	129722497000

d. Address:

* Street1:	432 Washington Street
Street2:	5th Floor
* City:	San Francisco
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94111-3254

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Ms.	* First Name:	Laurie
Middle Name:	Davies		
* Last Name:	Adams		
Suffix:			

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	415-362-1137	Fax Number:	415-362-3070

* Email: lda@pollinator.org

Application for Federal Assistance SF-424

*** 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:**

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-10-01

* Title:

Conservation Innovation Grants

13. Competition Identification Number:

Title:

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

AZ-MT site-map.doc

Add Attachment | Delete Attachment | View Attachment

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

Holistic restoration techniques for native wood-nesting bees: A test of a novel habitat development approach

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-008
b. Program/Project: US-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/14/2010
* b. End Date: 12/31/2013

18. Estimated Funding ($):

* a. Federal	82,425.00
* b. Applicant	82,425.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	164,850.00

*** 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 06/01/2010.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[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: Laurie
Middle Name: Davies
* Last Name: Adams
Suffix:

* Title: Executive Director

* Telephone Number: 415-362-1137
Fax Number: 415-362-3070

* Email: lda@pollinator.org

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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*a. Legal Name: Pacific Southwest Community Development Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0673939

*c. Organizational DUNS: 135526148

d. Address:

*Street 1: 16935 W. Bernardo Drive, Suite 238
Street 2:
*City: San Diego
County: San Diego
*State: California
Province:
*Country: United States
*Zip / Postal Code 92127

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
*First Name: Shannon
Middle Name:
*Last Name: Vanderhei
Suffix:

Title:

Organizational Affiliation:
Chelsea Investment Corporation, the Developer

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

*Email: svanderhei@chelseainvestco.com

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

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.415 and 10.427

CFDA Title:

Section 515 Rural Rental Housing Program for New Construction in Fiscal Year 2010

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Morro Bay, San Luis Obispo, California

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

Morro del Mar Senior Apartments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-050 *b. Program/Project: CA-023

17. Proposed Project:

*a. Start Date: January, 2011 *b. End Date: July, 2011

18. Estimated Funding ($):

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

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

☐ 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: Robert
Middle Name: _____
*Last Name: Laing
Suffix: _____

*Title: President/ Executive Director

*Telephone Number: 858-675-0506 | Fax Number: 858-675-0702

* Email: robertlaing@pswcdc.org

*Signature of Authorized Representative: [signature] *Date Signed: 6/3/2010

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	

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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: Corporation for Better Housing

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

*c. Organizational DUNS: 602791829

d. Address:

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

e. Organizational Unit:

Department Name: Division Name:

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

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

Title: Senior Vice President

Organizational Affiliation:

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

*Email: dsclafani@sbcglobal.net

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:

Section 10.415 and 10.427

CFDA Title:
Rural Rental Housing Loans and Rural Rental Assistance Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Woodlake, CA

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

Seet Attached Description.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 9/1/2011 *b. End Date: 9/1/2012

18. Estimated Funding ($):

*a. Federal	$1,000,000 (RHS)
*b. Applicant	$103,639 (DDF)
*c. State	
*d. Local	$4,000,000 (Serna+HOME)
*e. Other	$9,150,960 (Equity)
*f. Program Income	
*g. TOTAL	$482,001 (Perm Loan)
	$14,736,660

***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: David

Middle Name:

*Last Name: Sclafani

Suffix:

*Title: Senior Vice President

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

* Email: dsclafani@sbcglobal.net

*Signature of Authorized Representative: *Date Signed: 6/4/10

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 Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Spectrolab Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243

* c. Organizational DUNS: 0082626020000

d. Address:

* Street1: 12500 Gladstone Avenue
Street2:
* City: Sylmar
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91342-5373

e. Organizational Unit:

Department Name: Contracts

Division Name:

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

Prefix:
* First Name: Linda
Middle Name: Marie
* Last Name: Schwartz
Suffix:

Title: Contract Manager

Organizational Affiliation: Spectrolab, Inc.

* Telephone Number: 818-898-2818
Fax Number: 818-361-5102

* Email: linda.m.schwartz@boeing.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:

Q: 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:**

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000237

* Title:

Photovoltaic (PV) Manufacturing Initiative

13. Competition Identification Number:

Title:

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

Arizona, California, Colorado, Illinois, Massachusetts, Michigan, Minnesota, Nevada, New Mexico, New York, North Carolina, Ohio, Washington

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

American CPV Manufacturers Alliance (ACMA) industry-led consortium

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-027
* b. Program/Project: 81.087

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

Spectrolab Q90944-L Site Loc | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/03/2011
* b. End Date: 12/31/2015

18. Estimated Funding ($):

* a. Federal	52,500,000.00
* b. Applicant	52,500,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	105,000,000.00

*** 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 06/03/2010.
- [ ] 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: Linda
Middle Name: Marie
* Last Name: Schwartz
Suffix:

* Title: Contract Manager

* Telephone Number: 818-898-2818
Fax Number: 818-361-5102

* Email: linda.m.schwartz@boeing.com

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

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

Application for Federal Assistance SF-424

Version 02

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

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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:

8. APPLICANT INFORMATION:

* a. Legal Name: Yurok Indian Housing Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0397286

*c. Organizational DUNS: 038127069

d. Address:

*Street1: 15540 U.S. Hwy 101 North
Street 2:
*City: Klamath
County: Del Norte
*State: California
Province:
Country: United States of American *Zip/ Postal Code: 95548

e. Organizational Unit:

Department Name: Housing Services

Division Name:

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

Prefix: Ms. First Name: Judith
Middle Name:
*Last Name: Marasco
Suffix:

Title: Executive Director

Organizational Affiliation:
Yurok Indian Housing Authority, a Tribally Designated Housing Entity of the Yurok Tribe

*Telephone Number: 707-482-1506 ext. 1002 Fax Number: 707-482-3117

*Email: jmarasco@yurokhousing.o

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: K. Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type: L. Public/Indian Housing Authority

Type of Applicant 3: Select Applicant Type: - Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:
10.433

CFDA Title:
Rural Housing Preservation Grants

*12. Funding Opportunity Number: USDA-RD-HCFP-HPG-2010

*Title: U.S. Department of Agriculture Rural Development -HCFP- Housing Preservation Grants FY-2010

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Yurok Reservation, Del Norte County, Humboldt County, California

*15. Descriptive Title of Applicant's Project:
Yurok Housing Rehabilitation Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-001

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

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

17. Proposed Project: Yurok Housing Rehabilitation Program

*a. Start Date: 10-01-2010 *b. End Date: 09-30-2011

18. Estimated Funding ($):

*a. Federal	$80,000.00
*b. Applicant	$100,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$180,000.00

***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 06/02/2010
☐ 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: Betty

Middle Name:

*Last Name: Brown

Suffix:

*Title: Chair

*Telephone Number: 707-482-1506 Fax Number: 707-482-3117

*Email: jmarasco@yurokhousing.com

*Signature of Authorized Representative: Betty Brown Date Signed: 06/01/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 5/3/2010	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: El Pajaro Community Development Corporation

Organizational Unit: Department:

Organizational DUNS: 963010315

Division:

Address:
Street: 23 E. Beach Street Suite 209
City: Watsonville
County: Santa Cruz
State: CA
Zip Code: 95076
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Carmen
Middle Name
Last Name: Herrera-Mansir
Suffix:
Email: cherrera@elpajarocdc.org
Phone Number (give area code): 831-722-1224
Fax Number (give area code): 831-722-3128

RECEIVED JUN 07 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2656048

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

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

Other (specify)

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

O. Not for profit organization

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture

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

TITLE (Name of Program): Business Education and Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Business Education and Loan Program
Applicants will provide Business Education and Technical Assistance services to under served rural entrepreneurs in Santa Cruz, Monterey and San Benito Counties. Assistance includes access to financial resources and microloans. All services will be delivered bilingual in culturally appropriate setting.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz, Monterey, San Benito Counties

13. PROPOSED PROJECT
Start Date: 07/01/2010
Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 5. Farr
b. Project:

15. ESTIMATED FUNDING: 196,000.00

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

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: 5/3/2010

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative
Prefix: Ms. First Name: Carmen Middle Name
Last Name: Herrera-Mansir Suffix
b. Title: Executive Director
c. Telephone Number (give area code): 831-722-1224 ext. 15
d. Signature of Authorized Representative
e. Date Signed: 6/3/2010

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)

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JUN 07 2010
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: State of California, California Energy Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680364362

* c. Organizational DUNS: 002540768

d. Address:

* Street1: 1516 Ninth Street MS-1
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-5512

e. Organizational Unit:

Department Name: Grants and Loans Office

Division Name: Administrative Services

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

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

Title: Grants Analyst

Organizational Affiliation: California Energy Commission

* Telephone Number: 916-654-4455
Fax Number: 916-654-4076

* Email: aescala@energy.state.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:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Energy Technology Laboratory

11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

*** 12. Funding Opportunity Number:**

DE-FOA-0000251

* Title:

SEP Strengthening Building Retrofit Markets and Stimulating Energy Efficiency Action

13. Competition Identification Number:

Title:

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

Counties in California under the following congressional districts: 21,20,19,18,and 11.

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

California's San Joaquin Valley Comprehensive Multifamily Retrofit Program

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-005
* b. Program/Project: CA-21

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

Additional List of Program C | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	4,998,932.00
* b. Applicant	
* c. State	0.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	4,998,932.00

*** 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 06/07/2010.

[ ] 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: Sherry

Middle Name:

* Last Name: Mediati

Suffix:

* Title: Grants and Loans Manager

* Telephone Number: 916-654-4204 Fax Number: 916-654-4076

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

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

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: Habitat for Humanity International, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 911914868

* c. Organizational DUNS: 095849568

d. Address:

* Street1: 270 Peachtree Street, NW, Suite 1300
Street2:
* City: Atlanta
County:
* State: GA: Georgia
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 30303-1263

e. Organizational Unit:

Department Name: US Office

Division Name: Resource Allocation

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

Prefix: Ms.

* First Name: Katina

Middle Name:

* Last Name: Grays

Suffix:

Title: New Product Design Director

Organizational Affiliation: Habitat for Humanity International

* Telephone Number: (404) 962-3431

Fax Number: (404) 733-3027

* Email: kgrays@habitat.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 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:**

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.042

CFDA Title:

Weatherization Assistance for Low-Income Persons

*** 12. Funding Opportunity Number:**

DE-FOA-0000309

* Title:

Weatherization Innovation Pilot Program

13. Competition Identification Number:

Title:

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

Bath,ME; Austin,TX; Minneapolis, MN; Marion Co., FL; Portland, ME; Philadelphia, PA; Lake Co., Il; Des Moines,IA; Bay-St. Louis, MS; Memphis, TN; Mobile, AL; Charlotte, NC; Wash., DC; Kent Co., MI; Durham,NC; Sacramento,CA; Jackson, MS; Tulare Co.,CA

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

Weatherization Innovation Pilot Program

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: GA-05
* b. Program/Project: US

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

Final DOE List of Affiliates | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/03/2011
* b. End Date: 12/31/2011

18. Estimated Funding ($):

* a. Federal	3,000,000.00
* b. Applicant	9,000,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	12,000,000.00

*** 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 06/02/2010.

[ ] 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: Larry

Middle Name:

* Last Name: Gluth

Suffix:

* Title: Senior Vice President US & Canada

* Telephone Number: 404-733-3077 Fax Number: 404-733-3114

* Email: lgluth@habitat.org

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

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:

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8. APPLICANT INFORMATION:

*a. Legal Name: County of Nevada

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000526

*c. Organizational DUNS: 010979029

d. Address:

*Street 1: 950 Maidu Avenue
Street 2:
*City: Nevada City
County: Nevada
*State: California
Province:
*Country: United States
*Zip / Postal Code 95959

e. Organizational Unit:

Department Name: CDA-Planning

Division Name: Housing

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

Prefix: Mr. *First Name: Kyle
Middle Name:
*Last Name: Thompson
Suffix:

Title: Manager

Organizational Affiliation:

*Telephone Number: 530-265-7256 Fax Number: 530-265-9851

*Email: kyle.thompson@co.nevada.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:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development, Housing and Community Facilities Program

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

*Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

HPG-2009

Title:

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

Nevada County will use the HPG funds in the unincorporated areas of Nevada County.

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

Low and very low-income single family home rehabilitation grant in the unincorporated areas of Nevada County California

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 004 *b. Program/Project: CA 004

17. Proposed Project:

*a. Start Date: 09/01/2009 *b. End Date: 08/31/2010

18. Estimated Funding ($):

*a. Federal	$30,000
*b. Applicant	
*c. State	$30,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	60,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/25/2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr *First Name: Joe

Middle Name:

*Last Name: Christoffel

Suffix:

*Title: Deputy CEO/CFO

*Telephone Number: 530-470-2779 Fax Number: 530-478-1495

* Email: joe.christoffel@co.nevada.ca.us

*Signature of Authorized Representative: *Date Signed: 6/3/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 05/21/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098001	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-84-E-2	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game
Division: GRANTS MANAGEMENT BRANCH

Organizational DUNS: 808322358

Address:
Street: 1812 9TH STREET
City: SACRAMENTO
County: SACRAMENTO
State: CA
Zip Code: 95691
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms
First Name: LISA
Middle Name
Last Name: BAYS
Suffix:
Email: lbays@dfg.ca.gov
Phone Number (give area code): (916) 445-3701
Fax Number (give area code): (916) 327-6320

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STATE CLEARING HOUSE

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

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

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

Other (specify)

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

A. State

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611

TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CALIFORNIA HUNTER EDUCATION PROGRAM - ARCHERY IN THE SCHOOLS PROGRAM

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

13. PROPOSED PROJECT
Start Date: 07/01/2010
Ending Date: 06/30/2011

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

15. ESTIMATED FUNDING:

a. Federal	$ 121,650.00
b. Applicant	$
c. State	$ 40,550.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 162,200.00

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

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

DATE: 05/21/2010

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative
Prefix: Mr.
First Name: BLAINE
Middle Name
Last Name: NICKENS
Suffix
b. Title: CHIEF, GRANTS MANAGEMENT BRANCH
c. Telephone Number (give area code)
d. Signature of Authorized Representative: Blaine Nickens
e. Date Signed: 5/25/2010

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: National Affordable Communities, Inc

*b. Employer/Taxpayer Identification Number (EIN/TIN): 30-0276683

*c. Organizational DUNS: 185559379

d. Address:

*Street 1: 4299 MacArthur Blvd. #215
Street 2:
*City: Newport Beach
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 92660

e. Organizational Unit:

Department Name: National Affordable Communities, Inc

Division Name:

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

Prefix: *First Name: Michael
Middle Name:
*Last Name: de la Torre
Suffix:

Title: Project Managr

Organizational Affiliation: Global Premier Development, Inc

*Telephone Number: 949-242-0498 Fax Number: 949-271-4001

*Email: mike@globalpremierdevelopment.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:**

Q. For-profit Org(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:**

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.415

CFDA Title:

Rural Housing Service

***12 Funding Opportunity Number:**

515

*Title:

Section 515 Rural Rental Housing Program for New Construction in Fiscal Year 2010

13. Competition Identification Number:

515

Title:

Section 515 Rural Rental Housing Program for New Construction in Fiscal Year 2010

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

Monterey County & Soledad, CA

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

La Victoria Village, will be a 70 unit community consisting of 21 two story townhomes. there will also be a recreation building containing the office, recreation center, and a manager's office. The housing will be targeted towards families earning 30-60% of the AMI.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA 048 *b. Program/Project: CA 017

17. Proposed Project:

*a. Start Date: Jan. 2011 *b. End Date: Feb. 2012

18. Estimated Funding ($):

*a. Federal	14,187,876
*b. Applicant	700,000
*c. State	
*d. Local	
*e. Other	3,011,752
*f. Program Income	1,000,000
*g. TOTAL	18,899,628

***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 6/7/2010

☐ 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: Darren

Middle Name:

*Last Name: Berberian

Suffix:

*Title: Secretary

*Telephone Number: 949-235-0704 Fax Number: 949-266-8821

* Email: darrenberberian@yahoo.com

*Signature of Authorized Representative: *Date Signed: 6/7/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	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: Sonoma Valley Unified School District		Organizational Unit:	
		Department:	
Organizational DUNS: 092550383	RECEIVED	Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 17850 Railroad Ave	JUN 07 2010	Prefix:	First Name: John
City: Sonoma	STATE CLEARING HOUSE	Middle Name	
County: Sonoma		Last Name Bartolome	
State: CA	Zip Code 95476	Suffix:	
Country: United States		Email: jbartolome@sonomavly.k12.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 0 2 6 3 5		Phone Number (give area code) 707-935-4248	Fax Number (give area code) 707-939-2237

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) H Other (specify) **9. NAME OF FEDERAL AGENCY:** Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Sonoma Valley Unified School District Garden Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Glen Ellen, Sonoma, The Springs, El Verano	

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 9/1/10	Ending Date: 9/1/11	a. Applicant 1st District	b. Project 1st District

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 451,762 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 171,188 .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	$ 622,950 .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 Justin	Middle Name
Last Name Frese		Suffix
b. Title Deputy Superintendent		c. Telephone Number (give area code) 707-935-4249
d. Signature of Authorized Representative		e. Date Signed 6-2-10

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Standard Form 424 (Rev.9-2003)
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:
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:
06/07/2010	

8. APPLICANT INFORMATION:

* a. Legal Name: Wavewatts Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
27-258-7100	1284057

d. Address:

* Street1: 65 Enterprise
Street2:
* City: Aliso Viejo
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 925656

e. Organizational Unit:

Department Name:	Division Name:
Engineering	

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

Prefix: Mr.
* First Name: Raphael
Middle Name:
* Last Name: Hon
Suffix:

Title: President and CEO

Organizational Affiliation:

* Telephone Number: 949 285 3955
Fax Number:

* Email: Raphael.Hon@wavewattsworld.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:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000293

* Title:

Marine and Hydrokinetic Technology Readiness Advancement Initiative

13. Competition Identification Number:

Title:

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

Aliso Viejo, Orange County, CA

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

Dispatchable Renewable Wave Energy

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Pixley Public Utility District

Organizational Unit:
Department:
Division:

Organizational DUNS: 102312423

Address:
Street: Tulare County, P.O. Box 535
City: Pixley
County: Tulare
State: Ca.
Zip Code: 93256
Country: United States

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Billy
Middle Name
Last Name: Harris
Suffix:
Email: ppud@sbcglobal.net
Phone Number (give area code): (559) 757-3878
Fax Number (give area code): (559) 751-3459

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1522677

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pixley Water Meter Project

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

13. PROPOSED PROJECT
Start Date: 09/15/2010
Funding Date: 06/15/2011

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

15. ESTIMATED FUNDING:

a. Federal	$ 257,500.00
b. Applicant Contribution	$ 75,000.00
c. State	$ 245,137.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 577,637.00

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: 06/08/2010
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: Billy
Middle Name
Last Name: Harris
Suffix
b. Title: Board President
c. Telephone Number (give area code): (559) 757-3878
d. Signature of Authorized Representative: Billy Harris
e. Date Signed: 6-7-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED June 8, 2010	Applicant Identifier Williams Library - Construction
1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Colusa County Free Library	Organizational Unit: Department: Administration
Organizational DUNS: 120466255	Division:
Address: Street: 738 Market Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Wendy
City: Colusa	Middle Name
County: Colusa	Last Name Burke
State: Ca / Zip Code 95932	Suffix:
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000508	Phone Number (give area code): 530-458-7671 Fax Number (give area code): 530-458-7358

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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) County Other (specify)
	9. NAME OF FEDERAL AGENCY: US Department of Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): USDA Rural Development Community Facilities Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Library Refurbishment and ADA Compliance Grant Request
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Colusa County, California	
13. PROPOSED PROJECT Start Date: January 2011 Ending Date: January 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2

15. ESTIMATED FUNDING:		
a. Federal USDA RUS CF Grant	$ 41,250 .00	
b. Applicant Colusa County, CA	$ 33,750 .00	
c. State	$ .00	
d. Local	$ .00	
e. Other	$ .00	
f. Program Income	$ .00	
g. TOTAL	$ 75,000 .00	

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

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

DATE: 6/8/2010

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 Wendy	Middle Name
Last Name Burke		Suffix
b. Title Library Director		c. Telephone Number (give area code) 530-458-0372
d. Signature of Authorized Representative		e. Date Signed June 8, 2010

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED June 8, 2010	Applicant Identifier Maxwell Library	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Colusa County Free Library

Organizational Unit:

Department: Administration

Organizational DUNS: 120466255

Division:

Address:

Street: 738 Market Street

City: Colusa

County: Colusa

State: Ca

Zip Code: 95932

Country: USA

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

Prefix: First Name: Wendy

Middle Name

Last Name: Burke

Suffix:

Email:

Phone Number (give area code): 530-458-7671

Fax Number (give area code): 530-458-7358

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000508

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

County

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: US Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE (Name of Program): USDA Rural Development Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maxwell Library Refurbishment and ADA Compliance Grant Request

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

13. PROPOSED PROJECT

Start Date: January 2011

Ending Date: January 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 2

b. Project: 2

15. ESTIMATED FUNDING:

a. Federal USDA RUS CF Grant	$ 17,500
b. Applicant Colusa County, CA	$ 32,500
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 50,000

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: 6/8/2010

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: Wendy

Middle Name

Last Name: Burke

Suffix

b. Title: Library Director

c. Telephone Number (give area code): 530-458-0372

d. Signature of Authorized Representative: Wendy Burke

e. Date Signed: June 8, 2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED June 8, 2010	Applicant Identifier Arbuckle Library	
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: Colusa County Free Library	Organizational Unit: Department: Administration
Organizational DUNS: 120466255	Division:
Address: Street: 738 Market Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Wendy
City: Colusa	Middle Name
County: Colusa	Last Name Burke
State: Ca — Zip Code 95932	Suffix:
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 0 8	Phone Number (give area code) 530-458-7671 — Fax Number (give area code) 530-458-7359

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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)

County

Other (specify)

9. NAME OF FEDERAL AGENCY:
US Department of Agriculture

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

TITLE (Name of Program):
USDA Rural Development Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Arbuckle Library Refurbishment and ADA Compliance Grant Request

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
January 2011	January 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
2	2

15. ESTIMATED FUNDING:

a. Federal USDA RUS CF Grant	$ 31,150
b. Applicant Colusa County, CA	$ 57,850
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 89,000

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: 6/8/2010

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 Wendy	Middle Name
Last Name Burke		Suffix
b. Title Library Director		c. Telephone Number (give area code) 530-458-0972
d. Signature of Authorized Representative		e. Date Signed June 8, 2010

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED June 10, 2010	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: County of Trinity	**Organizational Unit:** Department: Grants Department
Organizational DUNS: 145381427	Division:
Address: Street: P.O. Box 1613	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Rachel
City: Weaverville	Middle Name Ann
County: Trinity	Last Name Allen
State: CA / Zip Code 96093	Suffix:
Country: USA	Email: raiien@trinitycounty.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000544	Phone Number (give area code) 530-623-8371 / Fax Number (give area code) 530-623-8323

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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) B - County Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Purchase of 2008-2010 E-350 Type III, Class I, DRW Ambulance
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Trinity County, except for Southern Trinity	
13. PROPOSED PROJECT Start Date: June 2010 / Ending Date: December 2010	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 2 / b. Project 2

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 52,250.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 0.00	
c. State	$ 0.00	
d. Local	$ .00	b. No. ☑ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other TCLS	$ 42,750.00	☐ 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	$ 95,000.00	☐ 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 Mr.	First Name Dero	Middle Name B
Last Name Forslund		Suffix
b. Title County Administrative Officer		c. Telephone Number (give area code) 530-623-8374
d. Signature of Authorized Representative		e. Date Signed June 10, 2010

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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JUN 08 2010
STATE CLEARING HOUSE

* 3. Date Received: 06/08/2010

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: Coachella Valley Housing Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 3814898

* c. Organizational DUNS: 61-328-1070

d. Address:

* Street1: 45701 Monroe Street, Suite G
Street2:
* City: Indio
County: Riverside
* State: CA
Province:
* Country: United States of America
* Zip / Postal Code: 92201

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: John
Middle Name: F.
* Last Name: Meeley
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (760) 347-3157
Fax Number: (760) 342-6466

* Email: john.meeley@cvhc.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:

D. Not for Profit Organization

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 Agriculture

11. Catalog of Federal Domestic Assistance Number:

1 0 4 0 5 + 10.427

CFDA Title:

10-405 - Farm Labor Housing Loan and Grant / 10-407 - Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

* Title:

Section 514 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year 2010

13. Competition Identification Number:

Title:

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

Indio, Riverside, California

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

Fred Young Farmworker Apartments, Phase II
An 85 unit farmworker community. Unit mix consists of 12 - 1 bedroom/ 1 bathroom, 33 - 2 bedroom/ 1 bathroom, 29 - 3 bedroom/ 2bathroom, and 11 - 4 bedroom/ 2 bathroom units.

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: 45th
* b. Program/Project: 45th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2012
* b. End Date: 01/01/2014

18. Estimated Funding ($):

* a. Federal	3,000,000.00
* b. Applicant	302,500.00
* c. State	3,000,000.00
* d. Local	3,000,000.00
* e. Other	11,095,394.00
* f. Program Income	
* g. TOTAL	20,397,895.00

*** 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 05/10/2010.

[ ] 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: Pedro

Middle Name: S.G.

* Last Name: Rodriguez

Suffix:

* Title: Chief Financial Officer

* Telephone Number: (760) 347-3157 Fax Number: (760) 342-6466

* Email: pedro.rodriguez@cvhc.org

* Signature of Authorized Representative: Date Signed: 6/8/10

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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: 06/08/2010

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: Coachella Valley Housing Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 3814898

* c. Organizational DUNS: 61-328-1070

d. Address:

* Street1: 45701 Monroe Street, Suite G
Street2:
* City: Indio
County: Riverside
* State: CA
Province:
* Country: United States of America
* Zip / Postal Code: 92201

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: John
Middle Name: F.
* Last Name: Mealey
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (760) 347-3157
Fax Number: (760) 342-6466

* Email: john.mealey@cvhc.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:

O. Not for Profit Organization

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 Agriculture

11. Catalog of Federal Domestic Assistance Number:

1 0 4 0 5 10-427

CFDA Title:

10-405 - Farm Labor Housing Loan and Grant / 10-427 - Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

* Title:

Section 514 Farm Labor Housing Grants for Off-Farm Housing for Fiscal year 2010

13. Competition Identification Number:

Title:

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

Indio, Riverside, California

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

Fred Young Farmworker Apartments, Phase I
An 85 unit farmworker community. Unit mix consists of 12 - 1 bedroom/ 1 bathroom, 33 - 2 bedroom/ 1 bathroom, 29 - 3 bedroom/ 2bathroom, and 11 - 4 bedroom/ 2 bathroom units.

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: 45th
* b. Program/Project: 45th

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

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2011
* b. End Date: 01/01/2013

18. Estimated Funding ($):

* a. Federal	3,359,952.00
* b. Applicant	302,500.00
* c. State	1,000,000.00
* d. Local	4,200,000.00
* e. Other	12,175,431.00
* f. Program Income	
* g. TOTAL	21,037,883.00

*** 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 05/10/2010.

[ ] 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:	Pedro
Middle Name:	S.G.
* Last Name:	Rodriguez
Suffix:	
* Title:	Chief Financial Officer
* Telephone Number:	(760) 347-3167
Fax Number:	(760) 342-8466
* Email:	pedro.rodriguez@cvhc.org
* Signature of Authorized Representative:	
* Date Signed:	6/8/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 06/21/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098000	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-85-R-1	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game
Division: GRANTS MANAGEMENT BRANCH

Organizational DUNS: 808322358

Address:
Street: 1812 9TH STREET
City: SACRAMENTO
County: SACRAMENTO
State: CA Zip Code 95691
Country: USA

RECEIVED JUN 09 2010 STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms First Name: LISA
Middle Name
Last Name BAYS
Suffix:
Email: lbays@dfg.ca.gov
Phone Number (give area code) (916) 445-3701
Fax Number (give area code) (916) 327-6320

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

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611
TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WILDLIFE HABITAT INVENTORIES & RESEARCH - BIGHORN SHEEP PROGRAM

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

13. PROPOSED PROJECT
Start Date: 07/01/2010 Ending Date: 06/30/2012

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

15. ESTIMATED FUNDING:

a. Federal	$ 608,227.00
b. Applicant	$
c. State	$ 202,747.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 810,974.00

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: 06/08/2010
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix Mr. First Name BLAINE Middle Name
Last Name NICKENS Suffix
b. Title CHIEF, GRANTS MANAGEMENT BRANCH c. Telephone Number (give area code)
d. Signature of Authorized Representative e. Date Signed 06/08/2010

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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JUN 09 2010
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: Wasco Pacific Associates, a California Limited Partnership

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

* c. Organizational DUNS: (not yet received

d. Address:

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

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

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

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

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

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Wasco, Kern County, California

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

Wasco Family Apartments: a 49-unit multi-family apartment complex; consisting of 16/2-bdrm units, 33/3-bdrm units, and community building - to be located at Hwy 46 and Palm Avenue in Wasco, Kern County, California.

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-019 * b. Program/Project: CA-022

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2011 * b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$2,000,000.00	USDA-RD FLH-514/516 funding
* b. Applicant	$348,500.00	Deferred Developer's Fee
* c. State	$5,741,296.00	Tax Credit Equity
* d. Local	$3,000,000.00	City of Wasco / HOME Funds
* e. Other	$300,000.00	Conventional Loan
* f. Program Income		
* g. TOTAL	$11,389,796.00	Total Development Cost

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06-09-2010.

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

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

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: * Date Signed: 06-09-2010

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 09 2010
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: Oxnard Pacific Associates, a California Limited Partnership

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

* c. Organizational DUNS: (not yet received

d. Address:

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

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

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

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

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

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Oxnard, Ventura County, California

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

Colonial House Apartments: a 65-unit farm labor housing complex; consisting of 8/1-bdrm, 16/2-bdrm, 12/3-bdrm, 8/4-bedrm units, and a community building - to be located at 705 North Oxnard Blvd. in Oxnard, Ventura County, California.

Attach supporting documents as specified in agency instructions.

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-019
* 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: 10-01-2011
* b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$2,000,000.00	USDA-RD FLH-514/516 funding
* b. Applicant	$250,000.00	Deferred Developer's Fee
* c. State	$10,443,712.00	Tax Credit Equity
* d. Local	$3,000,000.00	City of Oxnard / RDA Funds
* e. Other	$1,400,000.00	Conventional Loan
* f. Program Income		
* g. TOTAL	$17,093,712.00	Total Development Cost

*** 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 06-09-2010
- [ ] 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: Caleb
Middle Name: J.
* Last Name: Roope, Manager for:
Suffix:

* Title: Roope, LLC - General Partner

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

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: [signature] * Date Signed: 06-09-2010

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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JUN 09 2010
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: Exeter Family Associates, a California Limited Partnership

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

* c. Organizational DUNS: (not yet received

d. Address:

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

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

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

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

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

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Exeter, Tulare County, California

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

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

Attach supporting documents as specified in agency instructions.

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-019 * 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: 10-01-2011 * b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$2,000,000.00	USDA-RD FLH-514/516 funding
* b. Applicant	$348,500.00	Deferred Developer's Fee
* c. State	$6,302,348.00	Tax Credit Equity
* d. Local	$3,000,000.00	City of Exeter / HOME Funds
* e. Other	$300,000.00	Conventional Loan
* f. Program Income		
* g. TOTAL	$11,950,848.00	Total Development Cost

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06-09-2010

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

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

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: * Date Signed: 06-09-2010

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 09 2010
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: Hughson Pacific Associates, a California Limited Partnership

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

* c. Organizational DUNS: (not yet received

d. Address:

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

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:

* First Name: Margo

Middle Name: E.

* Last Name: Swedberg

Suffix:

Title: Owner/Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: (530) 823-9250

Fax Number: (530) 823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Hughson, Stanislaus County, California

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-019 * b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2011 * b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$2,000,000.00	USDA-RD FLH-514/516 funding
* b. Applicant	$348,500.00	Deferred Developer's Fee
* c. State	$6,249,594.00	Tax Credit Equity
* d. Local	$3,000,000.00	City of Hughson / HOME Funds
* e. Other	$500,000.00	Conventional Loan
* f. Program Income		
* g. TOTAL	$12,098,094.00	Total Development Cost

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06-09-2010.

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

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

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

☐ Yes ☑ No Explanation

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

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

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: * Date Signed: 06-09-2010

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	

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JUN 09 2010
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: Watsonville Pacific Associates, a California Limited Partnership

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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

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

Title: Owner/Consultant

Organizational Affiliation:
Gar-Mar Associates

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

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Watsonville, San Benito County, California

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

Longview Apartments: a 20-unit multi-family apartment complex; consisting of 14/2-bdrm units, 6/3-bdrm units, and community building - to be located at 201 Pacifica Blvd. in Watsonville, San Benito County, California.

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-019
* b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2011
* b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$2,000,000.00	USDA-RD FLH-514/516 funding
* b. Applicant	$0.00	(included in Tax Credit Equity)
* c. State	$3,631,895.00	Tax Credit Equity
* d. Local	$1,200,000.00	City of Watsonville / RDA Funds
* e. Other	$300,000.00	Conventional Loan
* f. Program Income		
* g. TOTAL	$7,131,895.00	Total Development Cost

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06-09-2010

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

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

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

☐ Yes ☑ No Explanation

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

☑ **I AGREE

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

Authorized Representative:

Prefix:
* First Name: Caleb
Middle Name: J.
* Last Name: Roope, Manager for:
Suffix:

* Title: Roope, LLC - General Partner

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

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: * Date Signed: 06-09-2010

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0046

2. DATE SUBMITTED June 7, 2010	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: Redwood Community Action Agency

Organizational Unit: Housing Division

Address *(give city, county, State, and zip code)*: 904 G Street, Eureka, CA 95501

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Ken Terrill, (707) 269-2027

RECEIVED JUN 10 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-2646370

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) Not For Profit

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:

USDA Rural Housing Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433

TITLE: Housing Preservation Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Humboldt Housing Preservation Program - to conduct housing repair for owner-occupied, very low incomes households within the rural areas of Humboldt County.

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

Humboldt County

13. PROPOSED PROJECT

Start Date	Ending Date
9/1/10	8/31/11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: First

b. Project: First

15. ESTIMATED FUNDING:

a. Federal	$ 100,000.00
b. Applicant	$ 11,000.00
c. State	$ 0.00
d. Local	$ 390,900.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 501,900.00

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 06/07/10

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Val Martinez	Executive Director	(707) 269-2009

d. Signature of Authorized Representative	e. Date Signed

R9 Tracking Number: 10-400

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

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:

4. Application Identifier: R9 Tracking Number 10-400

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: DS-98975501-1

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED JUN 10 STATE CLEARING

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069

*c. Organizational DUNS: 195930276

d. Address:

*Street1: 1001 I Street
Street 2: P.O. Box 2815
*City: Sacramento
County: Sacramento
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95812

e. Organizational Unit:

Department Name: California Air Resources Board

Division Name: Administrative Services Division

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

Prefix: Ms.
First Name: Leslie
Middle Name:
*Last Name: Ford
Suffix:

Title: Manager, Grants & Revenue Section

Organizational Affiliation:

*Telephone Number: (916)322-8202
Fax Number: (916)322-9612

*Email: lford@arb.ca.gov

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant all

*b. Program/Project: CA-all for all

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

17. Proposed Project:

*a. Start Date: 06/01/2009

*b. End Date: 09/30/2013

18. Estimated Funding ($):

*a. Federal	$705,882.00
*b. Applicant	
*c. State	$470,588.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$1,176,470.00

***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: Ms.

*First Name: Marie

Middle Name:

*Last Name: Stephans

Suffix:

*Title: Chief, Administrative Services

*Telephone Number: (916)322-8198

Fax Number: (916)322-5982

*Email: mstephan@arb.ca.gov

*Signature of Authorized Representative: Marie Stephans

Date Signed: 5-26-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: City of Mendota	**Organizational Unit:**
	Department:
Organizational DUNS: 036785228	Division:
Address: Street: 643 Quince Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: David
City: Mendota	Middle Name
County: Fresno	Last Name McGlasson
State: CA Zip Code 93640	Suffix:
Country: United States	Email: dmcglasson@ppeng.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000369	Phone Number (give area code) (559) 449-2700 / Fax Number (give area code) (559) 449-2715

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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) C Other (specify)
	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture (USDA)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** City of Mendota Water Facilities Replacement
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Mendota, Fresno County, California	
13. PROPOSED PROJECT Start Date: 8/15/2010 Ending Date: 11/15/2010	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant CA 20th Congressional District b. Project CA 20th Congressional District

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 1,359,095.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .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	$ 1,359,095.00	☐ 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 Gabriel	Middle Name
Last Name Gonzalez		Suffix
b. Title City Manager		c. Telephone Number (give area code) (559) 655-3291
d. Signature of Authorized Representative		e. Date Signed 6/4/10

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Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
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:

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Plaza Point LP, a to-be-formed California Limited Partnership

*b. Employer/Taxpayer Identification Number (EIN/TIN):
Not yet received for the to be formed entity

*c. Organizational DUNS:
Not yet received for the to be formed entity

d. Address:

*Street 1: 5252 Ericson Way
Street 2:
*City: Arcata
County: Humboldt
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95521

e. Organizational Unit:

Department Name:
Danco Communities

Division Name:
NA

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

Prefix: *First Name: Sean
Middle Name: Graham
*Last Name: Armstrong
Suffix:

Title: Project Manager

Organizational Affiliation:
Danco Communities

*Telephone Number: 707 825-1585 Fax Number: 707 822-9596

*Email: sarmstrong@danco-group.com

Application for Federal Assistance SF-424 Version 02

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

Q. For-profit Org(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

11. Catalog of Federal Domestic Assistance Number:

10.415 and 10.427

CFDA Title:

Section 515 Rural Rental Housing

***12 Funding Opportunity Number:**

*Title:

Section 515 Rural Residential Housing Program for New Construction

13. Competition Identification Number:

Title:

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

The City of Arcata, Humboldt County, California

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

Plaza Point Senior Aparments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: Mike Thompson, CA Congressional 1st District
*b. Program/Project: CA Congressional 1st District

17. Proposed Project:

*a. Start Date: 12-1-10 *b. End Date: 11-30-11

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

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

*Title: CEO and President of Danco Communities

*Telephone Number: 707 825-1527 | Fax Number: 707 822-9596

* Email: djohnsong@danco-group.com

*Signature of Authorized Representative: | *Date Signed:

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☒ 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: Rohner Village LP, a to-be-formed California Limited Partnership

*b. Employer/Taxpayer Identification Number (EIN/TIN):
Not yet received for the to be formed entity

*c. Organizational DUNS:
Not yet received for the to be formed entity

RECEIVED
JUN 10 2010
STATE CLEARING HOUSE

d. Address:

*Street 1: 5252 Ericson Way
Street 2:
*City: Arcata
County: Humboldt
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95521

e. Organizational Unit:

Department Name:
Danco Communities

Division Name:
NA

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

Prefix:
*First Name: Sean
Middle Name: Graham
*Last Name: Armstrong
Suffix:

Title: Project Manager

Organizational Affiliation:
Danco Communities

*Telephone Number: 707 825-1585

Fax Number: 707 822-9596

*Email: sarmstrong@danco-group.com

Application for Federal Assistance SF-424 Version 02

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

Q. For-profit Org(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

11. Catalog of Federal Domestic Assistance Number:

10.415 and 10.427

CFDA Title:

Section 515 Rural Rental Housing

***12 Funding Opportunity Number:**

*Title:

Section 515 Rural Residential Housing Program for New Construction

13. Competition Identification Number:

Title:

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

The City of Fortuna, Humboldt County, California

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

Rohner Village Family Apartments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: Mike Thompson, CA Congressional 1st District
*b. Program/Project: CA Congressional 1st District

17. Proposed Project:

*a. Start Date: 12-1-10 *b. End Date: 11-30-11

18. Estimated Funding ($):

*a. Federal	$1,000,000
*b. Applicant	
*c. State	$4,923,514
*d. Local	$2,000,000
*e. Other	$789,015
*f. Program Income	$8,839,009
*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: _____ *First Name: Dan

Middle Name: _____

*Last Name: Johnson

Suffix: _____

*Title: CEO and President of Danco Communities

*Telephone Number: 707 825-1527 | Fax Number: 707 822-9596

* Email: djohnsong@danco-group.com

*Signature of Authorized Representative: | *Date Signed:

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:
06/08/2010	

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

State Use Only:

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

RECEIVED
JUN 10 2010
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Coachella Valley Housing Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95 3814698	61-328-1070

d. Address:

* Street1:	45701 Monroe Street, Suite G
Street2:	
* City:	Indio
County:	Riverside
* State:	CA
Province:	
* Country:	United States of America
* Zip / Postal Code:	92201

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:	John
Middle Name:	F.		
* Last Name:	Mealey		
Suffix:			

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	(760) 347-3157	Fax Number:	(760) 342-5466

* Email: john.mealey@cvhc.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:

O. Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S.D.A Rural Development

11. Catalog of Federal Domestic Assistance Number:

1 0 4 0 5 + 10.427

CFDA Title:

Farm Labor Housing Loan and Grant and Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

* Title:

Section 514 Farm Labor Housing (FLH) Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2010

13. Competition Identification Number:

Title:

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

Mecca, Riverside County, California

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

Paseo de los Heroes III is an 80 unit farm worker housing development. Unit mix consists of:
16 - 2 bedroom/1 bath, 53 - 3 bedroom / 2 bath, 11 - 4 bedroom / 2 bath units

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: 45th
* b. Program/Project: 45th

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

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/01/2012
* b. End Date: 01/01/2014

18. Estimated Funding ($):

* a. Federal	3,000,000.00
* b. Applicant	302,500.00
* c. State	3,000,000.00
* d. Local	3,000,000.00
* e. Other	11,095,394.00
* f. Program Income	
* g. TOTAL	20,397,895.00

*** 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 05/10/2010.

[ ] 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: Pedro

Middle Name: S.G.

* Last Name: Rodriguez

Suffix:

* Title: Chief Financial Officer

* Telephone Number: (760) 347-3157 Fax Number: (760) 342-6466

* Email: pedro.rodriguez@cvhc.org

* Signature of Authorized Representative: * Date Signed: 6/8/10

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 JUN 03 2010	Federal Identifier 04-052 – 0623086541

5. APPLICANT INFORMATION

Legal Name: Rancho Tehama Association	Organizational Unit: Department:
Organizational DUNS: 884008418	Division:
Address: Street: 1750 Humboldt Rd	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Aaron
City: Chico	Middle Name
County: Butte	Last Name Cotter
State: California Zip Code 95928-8104	Suffix:
Country: USA	Email: acotter@cecusa.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-2640250	Phone Number (give area code) 530-751-0952 ext 139 Fax Number (give area code) 530-751-0953

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Corning 96029

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

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

Other (specify)

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

O. Not for Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development - Community Facilities

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-780

TITLE (Name of Program): Community Facilities Loans and Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of bridge to replace a temporary-solution bridge that was installed in 1983, address health and safety issues, and bring the structure up to current safety standards.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Rancho Tehama Census-Designated Area, Tehama County, CA

13. PROPOSED PROJECT

Start Date:	Ending Date:
June, 2011	October, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
2	2

15. ESTIMATED FUNDING:

a. Federal	$ 738,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 738,000 .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: 4/1/10

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 Bill	Middle Name
Last Name Weston		Suffix
b. Title Association President		c. Telephone Number (give area code) 530-894-0404
Signature of Authorized Representative		e. Date Signed 5-13-10

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Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ 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:
1590	

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: North County Transit District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-3009680	0205183610000

d. Address:

* Street1: 810 Mission Avenue
Street2:
* City: Oceanside
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92054-2825

e. Organizational Unit:

Department Name:	Division Name:
Management Accounting	Grants

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

Prefix: Ms. * First Name: Heidi
Middle Name: L.
* Last Name: Rockey
Suffix:

Title: Grant Specialist

Organizational Affiliation:
North County Transit District

* Telephone Number: 760-966-6560 Fax Number: 760-967-0941

* Email: hrockey@nctd.org

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Local Govt-Public Transit Agen

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

NCTD_Service_Area_and_Map.pdf | Add Attachment | Delete Attachment | View Attachment

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

Bus Facility Modification - West Division Safety Retrofit

Attach supporting documents as specified in agency instructions

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-049
b. Program/Project: CA-049

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

NCTD_Additional_Program_Projects_Congressi | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/31/2010
* b. End Date: 06/30/2012

18. Estimated Funding ($):

* a. Federal	820,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	205,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,025,000.00

*** 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 06/11/2010.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[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: Matthew
Middle Name: D.
* Last Name: Tucker
Suffix:

* Title: Executive Director

* Telephone Number: 760-967-2867
Fax Number: 760-433-0166

* Email: mtucker@nctd.org

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

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:
	SCRRA

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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
5802	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
9 3 4 3 5 1 6 6 3	836140475

d. Address:

* Street1:	700 South Flower Street
Street2:	Suite 2600
* City:	Los Angeles
County:	
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	90017-4101

e. Organizational Unit:

Department Name:	Division Name:
Capital Planning & Prog Mgmt	

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

Prefix:	Ms	* First Name:	Joanna
Middle Name:	Starr		
* Last Name:	Capelle		
Suffix:			

Title: Grants & Development Manager

Organizational Affiliation:

Southern California Regional Rail Authority

* Telephone Number:	(213) 247-8049	Fax Number:	(213) 452-0421

* Email: capellej@scrra.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

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* Other (specify):

Joint Powers Authority

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

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

2 0 5 0 7

CFDA Title:

Federal Transit-Formula Grant

*** 12. Funding Opportunity Number:**

CA-90-Y777

* Title:

North Pomona Station Improvements

13. Competition Identification Number:

Title:

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

City of Pomona, Los Angeles County, State of California

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

North Pomona Station Improvements including platform expansion, new entrances, safety upgrades and additional parking

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant 22-49 * b. Program/Project

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

Add Attachment

17. Proposed Project:

* a. Start Date: 01/15/2009 * b. End Date: 12/30/2011

18. Estimated Funding ($):

* a. Federal	4,480,000.00
* b. Applicant	
* c. State	
* d. Local	1,120,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	5,600,000.00

*** 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 06/08/2010

[ ] 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: John

Middle Name: E

* Last Name: Fenton

Suffix:

* Title: Chief Executive Officer

* Telephone Number: (213) 452-0258 Fax Number: (213) 452-0452

* Email: fentonj@scrra.net

* Signature of Authorized Representative: John E. Fenton * Date Signed: 6-10-2010

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

Application for Federal Assistance SF-424

* 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):

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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: San Diego Metropolitan Transit System

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3041463

* c. Organizational DUNS: 1536827030000

d. Address:

* Street1: 1255 Imperial Ave., Suite 1000
Street2:
* City: San Diego
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92101-7439

e. Organizational Unit:

Department Name: Facilities

Division Name:

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

Prefix: Ms.
* First Name: Nancy
Middle Name:
* Last Name: Dall
Suffix:

Title: Grants Administrator

Organizational Affiliation: employee

* Telephone Number: 619-557-4537
Fax Number: 619-234-3407

* Email: nancy.dall@sdmts.com

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FTA-2010-004-TPM

* Title:

Clean Fuels Grant & Discretionary Bus and Bus Facilities Programs

13. Competition Identification Number:

FTA-2010-004-TPM

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Compressed Natural Gas fueling stations upgrades at the South Bay bus maintenance facility.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-053 b. Program/Project: CA-051

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2010 * b. End Date: 06/30/2011

18. Estimated Funding ($):

* a. Federal	1,564,522.00
* b. Applicant	0.00
* c. State	186,148.00
* d. Local	391,130.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,141,800.00

*** 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 06/14/2010.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [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: Paul

Middle Name: C.

* Last Name: Jablonski

Suffix:

* Title: Chief Executive Officer

* Telephone Number: 619-557-4583 Fax Number: 619-234-3407

* Email: paul.jablonski@sdmts.com

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

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	Habitat for Humanity Lake County, CA

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: Habitat for Humanity Lake County CA, *Inc*

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0459756	616479205

d. Address:

* Street1: P.O. Box 1830
Street2:
* City: Lower Lake
County: Lake County
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95457

e. Organizational Unit:

Department Name:	Division Name:
Resource Development	

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

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

Title: President

Organizational Affiliation:
President of Habitat for Humanity, Lake County, CA

* Telephone Number: 707 994-1100
Fax Number: 707 994-1450

* Email: richardb@lakehabitat.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:

Non-profit affordable housing 501 (c) 3 corporation

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:

Housing Preservation Grant

*** 12. Funding Opportunity Number:**

USDA-RD-HPG-2010

* Title:

Housing Preservation Grant

13. Competition Identification Number:

Habitat for Humanity, Lake County, CA

Title:

HPR Project 1

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

Lake County, CA

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

Home Repair and Rehabilitation Project 1

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: California 1
* b. Program/Project: California 1

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($): $100,000.00

* a. Federal	100,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	100,000.00

*** 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 .
- [ ] 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: Richard
Middle Name:
* Last Name: Birk
Suffix:

* Title: President

* Telephone Number: 707 994-1100
Fax Number: 707 994-1450

* Email: richardb@lakehabitat.org

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

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	

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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: Desert Alliance for Community Empowerment

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
330857187	108363370

d. Address:

* Street 1:	53-990 Enterprise Way, Suite 1
Street 2:	
* City:	Coachella
County:	Riverside
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92236

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Mr	* First Name:	Jeffrey
Middle Name:	A		
* Last Name:	Hays		
Suffix:			

Title: Executive Director

Organizational Affiliation:

* Telephone Number:	(760) 391-5050	Fax Number:	(760) 391-5100

* Email: jeff@dace-rancho.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

N.Non-profit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA Rural Development - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS USDA -RD-HCFP-HPG 2010

* Title:

MBL-SF424 FAMILY - ALL FORMS

Housing Preservation Grant

13. Competition Identification Number:

Title:

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

The unincorporated communities of Mecca, Oasis, North Shore, and Thermal in the Eastern Coachella Valley Riverside County, California

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

Rehabilitation of small un-permitted mobile home parks to provide rental spaces for very low income farm worker families in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone.

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 - 45
* b. Program/Project: CA - 45

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09-30-2010
* b. End Date: 09-30-2011

18. Estimated Funding ($):

* a. Federal	$160,000.00
* b. Applicant	$240,000.00
* c. State	
* d. Local	
* e. Other	$1,600,000.00
* f. Program Income	
* g. TOTAL	$2,000,000.00

*** 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 06-15-2010.
- [ ] 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: Jeffrey
Middle Name:
* Last Name: Hays
Suffix:

* Title: Executive Director

*Telephone Number: (760) 391-5050
Fax Number: (760) 391-5100

* Email: jeff@dace-rancho.org

* Signature of Authorized Representative:
* Date Signed: 06-01-2010

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)
A. Increase Award C. Increase Duration
*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:
4. Applicant Identifier:

5a. Federal Entity Identifier:
*5b. Federal Award Identifier: CE-96971401

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Santa Monica Bay Restoration Foundation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0420271
*c. Organizational DUNS: 036252018

d. Address:

*Street 1: 320 W. 4th St., Suite 200
Street 2:
*City: Los Angeles
County: Los Angeles
*State: CA
Province:
*Country: U.S.A
*Zip / Postal Code 90013

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: Joel
Middle Name:
*Last Name: Hanson
Suffix:

Title: Administrative Director

Organizational Affiliation:
Santa Monica Bay Restoration Foundation

*Telephone Number: 213-576-6645
Fax Number: 213-576-6646

*Email: jhanson@waterboards.ca.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:**
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. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66-456

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
County of Los Angeles, CA

***15. Descriptive Title of Applicant's Project:**
Continued implementation of the Santa Monica Bay Restoration Plan

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 34 *b. Program/Project: 24, 28, 30, 31, 33, 34, 35, 36, 46

17. Proposed Project:

*a. Start Date: 10/01/10 *b. End Date: 09/30/11

18. Estimated Funding ($):

*a. Federal	$850,000
*b. Applicant	$663,708
*c. State	$186,467
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$1,700,175

***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 6/14/10

☐ 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: Guangyu

Middle Name:

*Last Name: Wang

Suffix:

*Title: Deputy Director

*Telephone Number: 213-576-6639 Fax Number: 213-576-6646

* Email: gwang@waterboards.ca.gov

*Signature of Authorized Representative: *Date Signed: 6/14/10

Post-it® Fax Note 7671

To Gov's OPR
Co./Dept. State Clearinghouse
Phone # (916) 445-0613
Fax # (916) 323-3018

Date 6/14 # of pages ▶ 3
From D Christiansen
Co. Fresno Area Express
Phone # (559) 621-1469
Fax #

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

Application for Federal Assistance SF-424

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

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

* 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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JUN 14 2010
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno, Fresno Area Express

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338

* c. Organizational DUNS: 1692048720000

d. Address:

* Street1: 2223 G Street
Street2:
* City: Fresno
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93706-1631

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Darlene
Middle Name:
* Last Name: Christiansen
Suffix:

Title: Grant Writer

Organizational Affiliation:

* Telephone Number: 5596211469
Fax Number:

* Email: darlene.christiansen@fresno.gov

Application for Federal Assistance SF-424

*** 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:**

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FTA-2010-004-TPM

* Title:

Clean Fuels Grant & Discretionary Bus and Bus Facilities Programs

13. Competition Identification Number:

FTA-2010-004-TPM

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

FAX Composite, Zero-Emission, Fast Charge Battery Electric (FCBE) Buses and Recharging Station for Downtown Transit Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

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: 11/30/2010
* b. End Date: 07/31/2012

18. Estimated Funding ($):

* a. Federal	1,896,600.00
* b. Applicant	388,400.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,285,000.00

*** 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 06/14/2010.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[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: Kenneth
Middle Name: P.
* Last Name: Hamm
Suffix:

* Title: Director of Transporation

* Telephone Number: 5596211439
Fax Number:

* Email: kenneth.hamm@fresno.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: 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 14 2010
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: Hoopa Valley Housing Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2338653

*c. Organizational DUNS: 94-1096815

d. Address:

*Street 1: Hostler Field Housing Complex Hwy 96

Street 2:

*City: Hoopa

County: Humboldt

*State: California

Province:

*Country:

*Zip / Postal Code 95546

e. Organizational Unit:

Department Name: Hoopa Valley Housing Authority

Division Name:

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

Prefix:

*First Name: Rodney

Middle Name:

*Last Name: Vigil

Suffix:

Title: Executive Director

Organizational Affiliation: Tribal Government

*Telephone Number: 530/625-4759

Fax Number: 530/625-4745

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:**

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.415

CFDA Title:

Rural Rental Housing Loan

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Hoopa, Humboldt County, California

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

Campbell Field Extension

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

Application for Federal Assistance SF-424 Version 02

6. Congressional Districts Of:

*a. Applicant: 1 *b. Program/Project: 1

17. Proposed Project:

*a. Start Date: 9-1-10 *b. End Date: 8-31-12

18. Estimated Funding ($):

*a. Federal	1,000,000
*b. Applicant	901247
*c. State	
*d. Local	
*e. Other	150,000
*f. Program Income	
*g. TOTAL	2051247

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Rodney

Middle Name:

*Last Name: Vigil

Suffix:

*Title: Executive Director

*Telephone Number: 530/625-4759 Fax Number: 530/625-4745

*Email: hvhaed@gmail.com

*Signature of Authorized Representative: Rodney Vigil *Date Signed: 6/10/2010

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:

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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: Community Housing Improvement Systems and Planning Association, Inc (CHISPA, Inc)

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2892838

*c. Organizational DUNS: 01-298-6949

d. Address:

*Street 1: Axtell Street
Street 2: Preston Street
*City: Castroville
County: County of Monterey
*State: California
Province:
*Country: United States
*Zip / Postal Code 95012

e. Organizational Unit:

Department Name: Real Estate Development Department

Division Name:

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

Prefix: Ms. *First Name: Dana
Middle Name: Wingate
*Last Name: Cleary
Suffix:

Title: Director of Real Estate Development

Organizational Affiliation: employee of CHISPA

*Telephone Number: 831-757-6251 x 141 Fax Number: 831-757-6268

*Email: dcleary@chispahousing.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:**
Rural Housing Services, United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.405

CFDA Title:
Section 514 Farm Labor Housing Loan

***12 Funding Opportunity Number:**

Notice of
Funds Availability (NOFA) for Section
514 Farm Labor Housing Loans and
Section 516 Farm Labor Housing Grants
for Off-Farm Housing for Fiscal Year
2010.

*Title:
Initial Notice
inviting applications from qualified
applicants for Fiscal Year 2010.

13. Competition Identification Number:

Title:

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

Castroville, California, Monterey County, CA

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

Axtell Apartments: a 59-unit apartment complex to serve low and very-low income families and inidivduals employed by agricultural businesses in Monterey County. The two and three bedroom apartments will be rented to any qualified "domestic farm laborers, regardless of which farming operation they work. CHISPA does not discriminate on basis of race, color, sex, age, disability, marital or familial status or national origin.

In addition to the apartments, the Project will include a residents' center in which educational programs, after-school programs and other supportive services will be offered free of charge to tenants. A manager's office will be on site.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-17 *b. Program/Project: Ca-17

17. Proposed Project:

*a. Start Date: July 2011 *b. End Date: August 2012

18. Estimated Funding ($):

*a. Federal	$3,000000
*b. Applicant	$582,500
*c. State	$1,000,000
*d. Local	1,100,000
*e. Other	11,241,001 (e)
*f. Program Income	$17,823,501
*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 June 15 , 2010

☐ 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 Representativ	
Prefix: Mr. *First Name: Alfred Middle Name: *Last Name: Diaz-Infante Suffix:	
*Title: President/ CEO	
*Telephone Number: 831-757-6251 x 130	Fax Number: 831-757-7537
* Email: admin@chispahousing.org	
*Signature of Authorized Representative:	*Date Signed: June 15, 2010

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	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: West County Health Centers, Inc.	**Organizational Unit:** Department:
Organizational DUNS: 138331082	Division:
Address: Street: P.O. Box 1449	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Mary
City: Guerneville	Middle Name
County: Sonoma	Last Name Szecsey
State: California / Zip Code 95446	Suffix:
Country:	Email: mszecsey@wchealth.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 2 3 - 7 3 1 0 6 1 3	Phone Number (give area code) (707 869-1594 / Fax Number (give area code) (707) 869-5983
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) O Other (specify)
	9. NAME OF FEDERAL AGENCY: Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE (Name of Program): USDA, Rural Development Community Facility Grants	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** West County Health Centers, Inc., Emergency Preparedness Program
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Western Sonoma County	
13. PROPOSED PROJECT Start Date: 7/1/2010 / Ending Date: 6/30/2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant CA-06 / b. Project CA-06

15. ESTIMATED FUNDING:

a. Federal	$ 10,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 500.00
e. Other	$ 25,000.00
f. Program Income	$ .00
g. TOTAL	$ 35,500.00

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

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

DATE: June 14, 2010

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 Mary	Middle Name
Last Name Szecsey		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (707) 869-1594
d. Signature of Authorized Representative		e. Date Signed 6-14-10

RECEIVED JUN 15 2010 STATE CLEARING HOUSE

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:

RECEIVED
JUN 15 2010
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 94-2475728

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

*c. Organizational DUNS: 09-343-6137

d. Address:

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

e. Organizational Unit:

Department Name: N/A

Division Name: N/A

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

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

Title: CONTRACTS MANAGER

Organizational Affiliation:

*Telephone Number: 650-595-1342, EXT. 16 Fax Number: 650-595-5376

*Email: grace@caasm.org

Application for Federal Assistance SF-424 Version 02

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

N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

X. Community Action Agency

***10 Name of Federal Agency:**

USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008

*Title:

RUSAL HOUSING PRESERVATION GRANTS

13. Competition Identification Number:

HPG-2009

Title:

HOUSING PRESERVATION GRANTS

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

SAN MATEO COUNTY

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 10-01-10 *b. End Date: 9-30-11

18. Estimated Funding ($):

*a. Federal	70,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	70,000
*f. Program Income	
*g. TOTAL	140,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 6-9-10

☐ 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: JAMES

Middle Name: IVAN

*Last Name: MASTERS

Suffix:

*Title: INTERIM EXECUTIVE DIRECTOR

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

* Email: jmasters@caasm.org

*Signature of Authorized Representative: *Date Signed: 6-9-10

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)

RECEIVED
JUN 15 2010
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: Sierra Nevada Conservancy

*b. Employer/Taxpayer Identification Number (EIN/TIN): 13-4314619

*c. Organizational DUNS: 017288024

d. Address:

*Street 1: 11521 Blocker Drive, Ste. 205
Street 2:
*City: Auburn
County: Placer
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95603

e. Organizational Unit:

Department Name:

Division Name: Mt. Whitney Area Office

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

Prefix: Ms.
*First Name: Kim
Middle Name:
*Last Name: Carr
Suffix:

Title: Mr. Whitney Area Manager

Organizational Affiliation:

*Telephone Number: 209- 742-0480
Fax Number: 209-742-7160

*Email: kcarr@sierranevada.ca.gov

Application for Federal Assistance SF-424 Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA - Rural Business-Cooperative Service

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grant

***12 Funding Opportunity Number:**

RDBCP-10-01-RBOG

*Title:

Rural Business Opportunity Grant

13. Competition Identification Number:

Title:

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

Sierra Nevada Region of California consisting of all or part of the following Counties: Amador, Calaveras, Tuolumne, Mariposa, Madera, Fresno, Tulare, Kern

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

Sustainable Supply Assessment: Biomass Industrial Development in the South/South-Central Sierra Nevada region

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

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16. Congressional Districts Of:

*a. Applicant: CA-004 *b. Program/Project: CA-019, CA-003, CA-021, CA-22

17. Proposed Project:

*a. Start Date: 9/1/2010 *b. End Date: 8/30/2012

18. Estimated Funding ($):

*a. Federal	81,300
*b. Applicant	44,367
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	125,667

***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 8/15/10

☐ 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: Jim

Middle Name:

*Last Name: Branham

Suffix:

*Title: Executive Officer

*Telephone Number: (530) 823-4667 Fax Number: (530) 823-4665

* Email: jbranham@sierranevada.ca.gov

*Signature of Authorized Representative: *Date Signed: