APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 6/1/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE 6/1/2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1164-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:

Street: 1220 N Street, Suite 341

City: Sacramento

County: Sacramento

State: CA

Zip Code: 95814

Country: USA

Organizational Unit:

Department: Food and Agriculture

Division: Plant Health and Pest Prevention Services

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

Prefix: Mr.

First Name: Duane

Middle Name:

Last Name: Schnabel

Suffix:

Email: dschnabel@cdfa.ca.gov

Phone Number (give area code): 916-654-0768

Fax Number (give area code): 916-653-2403

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☑ Revision

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

Other (specify)

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

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025

TITLE (Name of Program): Pest and Animal Disease, Pest Control and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Light Brown Apple Moth

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

State of California

13. PROPOSED PROJECT

Start Date: 10/1/2010

Ending Date: 09/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 5

b. Project: District 11

15. ESTIMATED FUNDING:

a. Federal	$ 2,000,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,000,000.00

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: 8/19/2010

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: Kathy

Middle Name:

Last Name: Alameda

Suffix:

b. Title: Federal Funds Manager

c. Telephone Number (give area code): 916-651-9888

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier California Department of Food and Agriculture
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE June 1, 2011	State Application Identifier
☐ Construction ☑ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8523-0572-CA

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 221	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. / First Name: Carol
City: Sacramento	Middle Name
County: Sacramento	Last Name Gentry
State: California / Zip Code 95814	Suffix:
Country: USA	Email: cgentry@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code) (916) 651-2063 / Fax Number (give area code) (916) 653-2403

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8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) A - State Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA/ APHIS/ PPQ
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Phytophthora ramorum Program
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: State of California (statewide)	
13. PROPOSED PROJECT Start Date: July 1, 2011 / Ending Date: June 30, 2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: California / b. Project: California

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 2,052,204.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 1, 2011
b. Applicant	$ .00	
c. State	$ 0.00	
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	$ 2,052,204.00	☐ 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: Ms.	First Name: Kathy	Middle Name
Last Name: Alameda		Suffix
b. Title: Federal Funds Manager		c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative		e. Date Signed

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 G1198017
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
	Department: CA Dept. of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1831 Ninth Street	Prefix: First Name: Pete
City: Sacramento	Middle Name
County: Sacramento	Last Name Marcellana
State: CA Zip Code 95811	Suffix:
Country:	Email: pmarcellana@dfg.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567	Phone Number (give area code) (916) 445-4658 / Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: ☒ 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: 15-605 TITLE (Name of Program): Sport Fish Restoration Act	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Region 1 (R1) Stream and Lake Improvement
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Statewide	
13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project 99

15. ESTIMATED FUNDING:

a. Federal	$	1,377,845
b. Applicant	$	
c. State	$	459,282
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	1,837,127

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix	First Name Blaine	Middle Name
Last Name Nickens		Suffix
b. Title Chief, Grants Management Branch		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed 5/27/2011

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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:

5a. Federal Entity Identifier: R9 Tracking # 08-368

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: MSCA 2011/2012

8. APPLICANT INFORMATION:

* a. Legal Name: Toxic Substances Control, California Department of

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

*c. Organizational DUNS: 949010870

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d. Address:

*Street1: 1001 I Street
Street 2: P.O. Box 806
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: United States
*Zip/ Postal Code: 95812-0806

e. Organizational Unit:

Department Name: Toxic Substances Control, California Department of

Division Name: Brownfields and Environmental Restoration Program

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

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

Title: Associate Governmental Program Analyst

Organizational Affiliation:
Grants Administration and Planning, Brownfields and Environmental Restoration Program

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

*Email: jugalde@dtsc.ca.gov

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

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
United States Environmental Protection Agency - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS

*12. Funding Opportunity Number: N/A

*Title: N/A

13. Competition Identification Number: N/A

Title:

N/A

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

California - Statewide

*15. Descriptive Title of Applicant's Project:

Multi-Site Cooperative Agreement (MSCA)

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 District 3 & 4

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 07/01/2011

*b. End Date: 06/30/2012

18. Estimated Funding ($):

*a. Federal	$600,000.00	*d. Local	$0.00
*b. Applicant	$0.00	*e. Other	$0.00
*c. State	$0.00	*f. Program Income	$0.00
*d. Local		*g. TOTAL	$600,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/16/11
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Stewart

Middle Name: W.

*Last Name: Black

Suffix:

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

*Telephone Number: (916) 324-3148

Fax Number: (916) 323-3500

*Email: sblack@dtsc.ca.gov

*Signature of Authorized Representative:

Date Signed:

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

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:

4. Application Identifier: not applicable

5a. Federal Entity Identifier: not applicable

*5b. Federal Award Identifier: not applicable

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Self-Help Home Improvement Project

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 2990678

*c. Organizational DUNS: 088852603

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d. Address:

*Street1: 3777 Meadowview Drive #100
Street 2:
*City: Redding
County: Shasta
*State: California
Province:
Country: USA
*Zip/ Postal Code: 96002

e. Organizational Unit:

Department Name: SHHIP

Division Name: Rehab

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

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

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 530-378-6904

Fax Number: 530-378-6910

*Email: kgrif@shhip.org

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: M. Nonprofit

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:
USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance (rehab) Section 523

*12. Funding Opportunity Number: 10-420

*Title: Rural Self-Help Housing Technical Assistance (rehab) Section 523

13. Competition Identification Number: not applicable

Title:

not applicable

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

Shasta and Tehama counties, California

*15. Descriptive Title of Applicant's Project:

Rehabilitation of 40 low-income owner occupied homes in Shasta and Tehama counties, California. USDA Rural Development Self-Help Program Technical Assistance grant (Sect.523) Self-Help Housing Rehabilitation.

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 2nd - CA

*b. Program/Project: 2nd - CA

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

17. Proposed Project:

*a. Start Date: 10/1/2011

*b. End Date: 10/1/2013

18. Estimated Funding ($):

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

***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 6/2/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Keith

Middle Name:

*Last Name: Griffith

Suffix:

*Title: Executive Director

*Telephone Number: 530-378-6904

Fax Number: 530-378-6910

*Email: kgrif@shhip.org

*Signature of Authorized Representative: Keith Griffith

Date Signed: 6/2/2011

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

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. 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: Bay Foundation of Morro Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847

*c. Organizational DUNS: 047-662-767

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d. Address:

*Street1: 601 Embarcadero, Suite 11
Street 2:
*City: Morro Bay
County: San Luis Obispo
*State: California
Province:
Country: United States of America
*Zip/ Postal Code: 93442

e. Organizational Unit:

Department Name: Morro Bay National Estuary Program

Division Name:

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

Prefix: Ms.
First Name: Adrienne
Middle Name: Lynne
*Last Name: Harris
Suffix:

Title: Program Director, Morro Bay National Estuary Program

Organizational Affiliation:
Bay Foundation of Morro Bay, dba Morro Bay National Estuary Program

*Telephone Number: 805-772-3834
Fax Number: 805-772-4162

*Email: aharris@mbnep.org

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: M. Nonprofit

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:
National Estuary Program

*12. Funding Opportunity Number: n/a

*Title:

13. Competition Identification Number: n/a

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Morro Bay, Unincorporated areas of San Luis Obispo County in the Morro Bay Watershed

*15. Descriptive Title of Applicant's Project:
Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed (see MBNEP work plan for programmatic details).

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 CA-023

*b. Program/Project: CA-022 and CA-023

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

17. Proposed Project:

*a. Start Date: 10/1/2011

*b. End Date: 9/30/2012

18. Estimated Funding ($):

*a. Federal	$598,800.00
*b. Applicant	$284,800.00
*c. State	$164,000.00
*d. Local	$150,000.00
*e. Other	
*f. Program Income	
*g. TOTAL	$1,197,600.00

***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 6/3/11
☐ 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: Joel

Middle Name:

*Last Name: Neel

Suffix:

*Title: President, Bay Foundation of Morro Bay

*Telephone Number: 805-756-2193

Fax Number: 805-528-3346

*Email: jneel@calpoly.edu

*Signature of Authorized Representative:

Date Signed: 5/31/11

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.231

CFDA Title:

Emergency Shelter Grants Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County of Ventura

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

Ventura County FY 2011-12 Annual Plan - Emergency Shelter Program

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: S-11-UC-06-0507

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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: County of Ventura

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

*c. Organizational DUNS: 066691122

d. Address:

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

e. Organizational Unit:

Department Name: County Executive Office

Division Name: Regional Development Division

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

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

Title: Deputy Executive Officer

Organizational Affiliation:

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

*Email: christy.madden@ventura.org

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 7/1/2011 *b. End Date: 6/30/2012

18. Estimated Funding ($):

*a. Federal	$87,727
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$101,300
*f. Program Income	
*g. TOTAL	$189,027

***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 6/01/2011

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name:

*Last Name: Powers

Suffix:

*Title: County Executive Officer

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

* Email: michael.powers@ventura.org

*Signature of Authorized Representative: *Date Signed: 5/31/11

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A

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: B-11-UC-06-0507

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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: County of Ventura

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

*c. Organizational DUNS: 066691122

d. Address:

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

e. Organizational Unit:

Department Name: County Executive Office

Division Name: Regional Development Division

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

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

Title: Deputy Executive Officer

Organizational Affiliation:

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

*Email: christy.madden@ventura.org

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grants/Entitlement Grants

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County of Ventura unincorporated areas, Cities of Fillmore, Moorpark, Ojai, Port Hueneme, Santa Paula

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

Ventura County FY 2011-12 Annual Plan - Community Development Block Grant Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 7/1/2011 *b. End Date: 6/30/2012

18. Estimated Funding ($):

*a. Federal	$1,806,042
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$1,806,042

***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 6/01/2011

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name:

*Last Name: Powers

Suffix:

*Title: County Executive Officer

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

* Email: michael.powers@ventura.org

*Signature of Authorized Representative: *Date Signed: 5/31/11

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 6-6-2010	Applicant Identifier FTA Recipient ID# 1658	
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: Sacramento Area Council of Governments

Organizational Unit: Department:

Organizational DUNS: 555895705

Division:

Address:

Street: 1415 L Street, Suite 300

City: Sacramento

County: Sacramento

State: California

Zip Code: 95814

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: Barbara

Middle Name: Jane Evans

Last Name: VaughanBechtold

Suffix:

Email: bvaughanbechtold@sacog.org

Phone Number (give area code): 916-321-9000

Fax Number (give area code): 916-321-9551

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0153162

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

G. Special District

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: Federal Transit Administration (FTA)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-516

TITLE (Name of Program): Job Access Reverse Commute

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2009 JARC Sac Urbanized Area projects

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties

13. PROPOSED PROJECT

Start Date: 7-1-2010

Ending Date: 6-30-2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 1, 2, 3, 4, & 5

b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 986,039
b. Applicant	$ 0
c. State	$
d. Local Subrecipients	$ 956,458
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,942,497

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: 6-6-2011

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix:

First Name: David

Middle Name:

Last Name: Ghiorso

Suffix:

b. Title: Director of Finance

c. Telephone Number (give area code): 916-321-9000

d. Signature of Authorized Representative:

e. Date Signed: 6/6/2011

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 G1198007
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-122-R-5
☒ Non-Construction	☒ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
	Department: CA Dept. of Fish and Game
Organizational DUNS: 808322358	Division: Grants Management Branch
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1831 Ninth Street	Prefix: First Name: Pete
City: Sacramento	Middle Name
County: Sacramento	Last Name Marcellana
State: CA Zip Code 95811	Suffix:
Country:	Email: pmarcellana@dfg.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 6 9 7 5 6 7	Phone Number (give area code) (916) 445-4658 / Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State
Other (specify)	Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 6 0 5 TITLE (Name of Program): Sport Fish Restoration Act	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: F-122-R-5 Anadromous Sport Fish Management & Research
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 07/01/2011 Ending Date: 06/30/2013	a. Applicant 3 b. Project 99

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15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 2,446,557	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	$	DATE:
c. State	$ 815,519	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 3,262,076	☐ 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 Harriet	Middle Name
Last Name Kiyan		Suffix
b. Title Assistant Deputy Director, Administration		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed 6-6-11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED		Applicant Identifier CA Department of Food & Agriculture
1. TYPE OF SUBMISSION: Application ☐ Pre-application ☐ **Construction** ☐ **Construction** ☑ **Non-Construction** ☑ **Non-Construction**	**3. DATE RECEIVED BY STATE** May 23, 2011	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8523-1096-CA

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: CA Department of Food & Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 341	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Mike
City: Sacramento	Middle Name
County: Sacramento	Last Name Pitcairn
State: CA Zip Code 95814	Suffix:
Country: United States	Email: mpitcairn@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 6 8 – 0 3 2 5 1 0 4	Phone Number (give area code) (916) 262-2049 Fax Number (give area code) (916) 262-2059
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:** USDA/APHIS/PPQ
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 – 0 2 5 TITLE (Name of Program): Plant Pest and Animal Disease, Pest Control, and Animal Care	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Lygus Bug Biological Control
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: California - Statewide	
13. PROPOSED PROJECT Start Date: 7/1/11 Ending Date: 6/30/12	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: California b. Project: California

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15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 34,633 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 6, 2011
b. Applicant	$ .00	
c. State	$ 53,464 .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	$ 88,097 .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 Ms.	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Federal Funds Manager		c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative		e. Date Signed

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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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: Natel Energy, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 412186428

* c. Organizational DUNS: 141815709

d. Address:

* Street1: 2175 Monarch Street
Street2:
* City: Alameda
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 945015096

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: Gia
Middle Name:
* Last Name: Schneider
Suffix:

Title: CEO

Organizational Affiliation:

* Telephone Number: 510 342 5269
Fax Number: 866 710 5144

* Email: gia@natelenergy.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-0000486

* Title:

Advanced Hydropower Development

13. Competition Identification Number:

Title:

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

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

Proposal to develop and test a new high-performance powertrain for the SLH utilizing a carbon-fiber reinforced timing belt.

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-013 * b. Program/Project: MA-003

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/06/2011 * b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	175,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	475,000.00

*** 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 06/06/2011.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Gia

Middle Name:

* Last Name: Schneider

Suffix:

* Title: CEO

* Telephone Number: 510 342 5269 Fax Number: 866 710 5144

* Email: gia@natelenergy.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: 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: Natel Energy, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 412186428

* c. Organizational DUNS: 141815709

d. Address:

* Street1: 2175 Monarch Street
Street2:
* City: Alameda
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 945015096

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: Gia
Middle Name:
* Last Name: Schneider
Suffix:

Title: CEO

Organizational Affiliation:

* Telephone Number: 510 342 5269
Fax Number: 866 710 5144

* Email: gia@natelenergy.com

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-013
* b. Program/Project: OR-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/06/2011
* b. End Date: 05/31/2014

18. Estimated Funding ($):

* a. Federal	793,250.00
* b. Applicant	793,250.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,586,500.00

*** 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 06/06/2011.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Add 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:	Gia
Middle Name:	
* Last Name:	Schneider
Suffix:	
* Title:	CEO
* Telephone Number:	510 342 5269
Fax Number:	866 710 5144
* Email:	gia@natelenergy.com
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED June 7, 2011	Applicant Identifier Dept. of Food & Agriculture
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE June 7, 2011	State Application Identifier
☐ Construction ☑ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1050-CA

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Scott
City: Sacramento	Middle Name
County: Sacramento	Last Name Okimura
State: California / Zip Code 95814	Suffix:
Country: United States	Email: sokimura@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): (916) 654-1211 Fax Number (give area code): (916) 654-0555

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8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) A - State Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA/APHIS/PPQ
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Citrus Commodity Survey	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Citrus commodity survey activities in California
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: State of California	
13. PROPOSED PROJECT Start Date: January 1, 2011 / Ending Date: December 31, 2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: District 42 / b. Project: Citrus Commodity Survey

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 440,482 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 7, 2011
b. Applicant	$ .00	
c. State	$ 418,105 .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	$ 858,587 .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 Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Manager, Federal Funds Management Unit		c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative		e. Date Signed

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:

RECEIVED JUN 07 2011 STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Natel Energy, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 412186428

* c. Organizational DUNS: 141815709

d. Address:

* Street1: 2175 Monarch Street
Street2:
* City: Alameda
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 945015096

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: Gia
Middle Name:
* Last Name: Schneider
Suffix:

Title: CEO

Organizational Affiliation:

* Telephone Number: 510 342 5269
Fax Number: 866 710 5144

* Email: gia@natelenergy.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-0000486

* Title:

Advanced Hydropower Development

13. Competition Identification Number:

Title:

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

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

Project to develop project on Central Oregon Irrigation District's Pilot Butte Canal called NC-2, using a novel low-head hydropower technology called the SLH100

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-013
* b. Program/Project: OR-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/06/2011
* b. End Date: 06/30/2014

18. Estimated Funding ($):

* a. Federal	893,649.00
* b. Applicant	893,649.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,787,298.00

*** 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 06/06/2011.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Gia

Middle Name:

* Last Name: Schneider

Suffix:

* Title: CEO

* Telephone Number: 510 342 5269 | Fax Number: 866 710 5144

* Email: gia@natelenergy.com

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 06/07/2011	Applicant Identifier CA-90-Y729-1	
3. DATE RECEIVED BY STATE 06/07/2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y729-1	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Foothill Transit

Organizational Unit:
Department: Finance
Division:

Organizational DUNS: 94-364-2124

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Address:
Street: 100 S. Vincent Avenue, Suite 200
City: West Covina
County: Los Angeles
State: CA
Zip Code: 91791
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Gil
Middle Name:
Last Name: Victorio
Suffix: NA
Email: gvictorio@foothilltransit.org
Phone Number (give area code): (626) 931-7227
Fax Number (give area code): (626) 931-7327

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4668218

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)
Joint Powers Authority

9. NAME OF FEDERAL AGENCY:
Federal Transit Authority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Replacement Buses

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
21 cities and Los Angeles County

13. PROPOSED PROJECT
Start Date: 06/30/2008
Ending Date: 12/31/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District No. 26,29,32,38 & 42
b. Project: Same

15. ESTIMATED FUNDING:

a. Federal	$ 1,135,937.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 285,063.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,421,000.00

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: 06/07/2011
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Gil
Middle Name:
Last Name: Victorio
Suffix:
b. Title: Finance Manager
c. Telephone Number (give area code): (626) 931-7227
d. Signature of Authorized Representative
e. Date Signed: 06/07/2011

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	R9 Tracking Number 10-466

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	A-00905911

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego County Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0488415	623879223

d. Address:

* Street1: 10124 Old Grove Road
Street2:
* City: San Diego
County: San Diego
* State: CA
Province:
* Country: United States of America
* Zip / Postal Code: 92131

e. Organizational Unit:

Department Name:	Division Name:
Air Pollution Control District	Monitoring, ARSD, ASD

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

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

Title: Deputy Director

Organizational Affiliation:

* Telephone Number: (858) 586-2606 Fax Number: (858) 586-2601

* Email: Sharon.Jassy@sdcounty.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:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Environmental Protection Agency (USEPA)

11. Catalog of Federal Domestic Assistance Number:

66-001

CFDA Title:

CLEAN AIR ACT SECTION 105 GRANT FY 2011

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

County of San Diego

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

SDAPCD will assist with local implementation of the US-Mexico Border 2012 Environmental Program to reduce air pollution. To collaborate with border stakeholders to address air pollution issues affecting the San Diego/Tijuana border region.

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-052
* b. Program/Project: 50,52,53

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	$191,744.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$191,744.00

*** 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 6/9/2011
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Robert
Middle Name: A
* Last Name: Kard
Suffix:

* Title: Air Pollution Control Officer

* Telephone Number: (858)586-2600
Fax Number: (858) 586-2601

* Email: robert.kard@sdcounty.ca.gov

* Signature of Authorized Representative: [signature]
* Date Signed: 6-7-11

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

Application for Federal Assistance SF-424

Version 02

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

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*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: 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 1436
*City: Sacramento
County: Sacramento
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95814

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

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.040

CFDA Title:

State Clean Diesel Grant Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

State of California

*15. Descriptive Title of Applicant's Project:

CARB School Bus Retrofit Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 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: 09/30/2012

18. Estimated Funding ($):

*a. Federal	$317,185.00
*b. Applicant	
*c. State	$228,815.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$546,000.00

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Alice

Middle Name:

*Last Name: Stebbins

Suffix:

*Title: Chief, Administrative Services Division

*Telephone Number: (916)322-8198

Fax Number: (916)322-5982

*Email: astebbin@arb.ca.gov

*Signature of Authorized Representative: Alice Stebbins

Date Signed: 6/6/2011

Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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

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. Application Identifier: 0493-1734

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: SUNLINK CORPORATION

* b. Employer/Taxpayer Identification Number (EIN/TIN): 56-2640783

*c. Organizational DUNS: 627265460

d. Address:

*Street1: 1010 B STREET
Street 2: SUITE 400
*City: SAN RAFAEL
County: MARIN
*State: CALIFORNIA
Province:
Country:
*Zip/ Postal Code: 94901

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e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: CONTROLLER / DIRECTOR OF FINANCE

Organizational Affiliation:

*Telephone Number: 415.306.9819

Fax Number: 415.925.9636

*Email: LBECKFORD@SUNLINK.c

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. DEPARTMENT OF ENERGY

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

RENEWABLE ENERGY RESEARCH AND DEVELOPMENT (B)

*12. Funding Opportunity Number: DE-FOA-0000493

*Title: EXTREME BALANCE OF SYSTEM HARDWARE COST REDUCTIONS (BOS-X)

13. Competition Identification Number:

Title:

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

The technology developed under this project will reduce balance of systems costs for solar installations across the entire USA and Canada. The specific demonstration project at an SFPUC site, for validation of cost savings, will benefit California and San Francisco directly, but will also bring broad-spread benefit from its influence in validating site-specific design with its attendant cost savings.

*15. Descriptive Title of Applicant's Project:

PV BALANCE OF SYSTEM COST REDUCTION THROUGH INTEGRATION OF CRYSTALLINE LAMINATES WITH ROOF-RACKING SYSTEM

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-006

*b. Program/Project: US-ALL

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

17. Proposed Project:

*a. Start Date: 09/01/2011

*b. End Date: 08/31/2014

18. Estimated Funding ($):

*a. Federal	$2,208,381.00
*b. Applicant	$906,572.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$1,000,000.00
*f. Program Income	$0.00
*g. TOTAL	$4,114,953.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on June 9, 2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: LILA

Middle Name:

*Last Name: BECKFORD

Suffix:

*Title: CONTROLLER / DIRECTOR OF FINANCE

*Telephone Number: 415.306.9819

Fax Number: 415.925.9636

*Email: LBECKFORD@SUNLINK.COM

*Signature of Authorized Representative: LBeckford

Date Signed: 6/9/11

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

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: 0493-1734

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: SUNLINK CORPORATION

* b. Employer/Taxpayer Identification Number (EIN/TIN): 56-2640783

*c. Organizational DUNS: 627265460

d. Address:

*Street1: 1010 B STREET
Street 2: SUITE 400
*City: SAN RAFAEL
County: MARIN
*State: CALIFORNIA
Province:
Country:
*Zip/ Postal Code: 94901

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e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: CONTROLLER / DIRECTOR OF FINANCE

Organizational Affiliation:

*Telephone Number: 415.306.9819

Fax Number: 415.925.9636

*Email: LBECKFORD@SUNLINK.C

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. DEPARTMENT OF ENERGY

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

RENEWABLE ENERGY RESEARCH AND DEVELOPMENT (B)

*12. Funding Opportunity Number: DE-FOA-0000493

*Title: EXTREME BALANCE OF SYSTEM HARDWARE COST REDUCTIONS (BOS-X)

13. Competition Identification Number:

Title:

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

The technology developed under this project will reduce balance of systems costs for solar installations across the entire USA and Canada. The specific demonstration project at an SFPUC site, for validation of cost savings, will benefit California and San Francisco directly, but will also bring broad-spread benefit from its influence in validating site-specific design with its attendant cost savings.

*15. Descriptive Title of Applicant's Project:

PV BALANCE OF SYSTEM COST REDUCTION THROUGH INTEGRATION OF CRYSTALLINE LAMINATES WITH ROOF-RACKING SYSTEM

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 10, 2010	Applicant Identifier CA Department of Food and Agriculture	
3. DATE RECEIVED BY STATE February 22, 2010	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8523-0781-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:
Department: Food and Agriculture
Division: Plant Health and Pest Prevention Services

Organizational DUNS: 807487665

Address:
Street: 1220 N Street, Room 341
City: Sacramento
County: Sacramento
State: CA
Zip Code: 05814
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Michael
Middle Name
Last Name: Pitcairn
Suffix:
Email: mpitcairn@cdfa.ca.gov
Phone Number (give area code): (916) 262-2049
Fax Number (give area code): (916) 262-2059

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

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:
USDA/ APHIS/ PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025
TITLE (Name of Program): Plant Pest and Animal Disease

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Olive Fly Integrated Control Program

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

13. PROPOSED PROJECT
Start Date: 7/1/10
Ending Date: 6/30/11

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

15. ESTIMATED FUNDING:

a. Federal	$ 177,530.00
b. Applicant	$ .00
c. State	$ 136,949.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 314,479.00

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 9, 2011
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

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

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:

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Education Development Center, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
042241718	0765838300000

d. Address:

* Street1: 55 Chapel Street
Street2:
* City: Newton
County/Parish:
* State: MA: Massachusetts
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 02458-1060

e. Organizational Unit:

Department Name:	Division Name:
CSPIVS	Health and Human Development

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

Prefix: Dr. * First Name: Gerald
Middle Name:
* Last Name: Reed
Suffix: Ph.D

Title: Director

Organizational Affiliation:
Suicide Prevention Resource Center

* Telephone Number: 202-572-3771 Fax Number:

* Email: jreed@edc.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:**

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

SM-11-014

* Title:

Program Supplement for the Suicide Prevention Resource Center

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Suicide Prevention Resource Center's supplement to support additional work for the National Action Alliance for Suicide Prevention.

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: MA-004 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: 09/30/2011 * b. End Date: 09/29/2012

18. Estimated Funding ($):

* a. Federal	999,993.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	999,993.00

*** 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 05/17/2011.

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

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

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

[ ] Yes [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)**

[ ] ** 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: Michael

Middle Name:

* Last Name: Pelletier

Suffix:

* Title: Director, Domestic Programs, OSP

* Telephone Number: 617-618-2227 Fax Number: 617-969-1910

* Email: mpelletier@edc.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: 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	A. Increase Award
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☑ Revision	A. Increase Award

*3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 10-DG-11052021-229

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Invasive Plant Council (Cal-IPC)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0289333

*c. Organizational DUNS: 146083303

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STATE CLEARING HOUSE

d. Address:

*Street1: 1442-A Walnut St., #462
Street 2:
*City: Berkelev
County: Alameda
*State: CA
Province:
Country: USA
*Zip/ Postal Code:

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: Doug
Middle Name:
*Last Name: Johnson
Suffix:

Title: Executive Director

Organizational Affiliation:
Cal-IPC

*Telephone Number: (510) 843-3902 Fax Number: (510) 217-3500

*Email: dwjohnson@cal-ipc.org

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: M. Nonprofit

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:
USDA Forest Service

11. Catalog of Federal Domestic Assistance Number:

10-680

CFDA Title:

Forest Health Protection

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

Mapping Risk of Spread for Invasive Plants that Threaten Forest Lands

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 CA-009 *b. Program/Project: all

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

17. Proposed Project:

*a. Start Date: 7/7/2010 *b. End Date: 9/30/2012

18. Estimated Funding ($):

*a. Federal	$87,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$93,582.00
*f. Program Income	
*g. TOTAL	$180,582.00

***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 6/10/11
☐ 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: Doug

Midd le N ame:

*Last Name: Johnson

Suffix:

*Title: Executive Director

*Telephone Number: (510) 843-3902 Fax Number: (510) 217-3500

*Email: dwjohnson@cal-ipc.org

*Signature of Authorized Representative: Doug Johnson Date Signed: 6-9-11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 06/10/2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier R0585006	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier T-9-1, amd#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: Department of Fish and Game

Organizational DUNS: 808322358

Division: Grants Management Branch (GMB)

Address:

Street: 1831 Ninth Street

City: Sacramento

County: Sacramento

State: California Zip Code 95811

Country: USA

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

Prefix: First Name: Brian

Middle Name

Last Name Salazar

Suffix:

Email: bsalazar@dfg.ca.gov

Phone Number (give area code) (916) 323-6201

Fax Number (give area code) (916) 327-6320

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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: 15-634

TITLE (Name of Program): State Wildlife Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Greater Sage Grouse-SWG (Planning) Population and Habitat Monitoring to Develop, and Address the Effectiveness of Conservation Actions

Time Only Amendment

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

Lassen, Modoc, Mono, Inyo counties

13. PROPOSED PROJECT

Start Date: 02/10/2006 Ending Date: 12/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 5, 4, 25 b. Project 4, 25

15. ESTIMATED FUNDING:

a. Federal	$ 0
b. Applicant	$
c. State	$ 0
d. Local	$
e. Other	$
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:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix Mr. First Name Blaine Middle Name

Last Name Nickens Suffix

b. Title Chief, Grants Management Branch

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

d. Signature of Authorized Representative

e. Date Signed 6-9-11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	Applicant Identifier CA-90-Y900	
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: CITY OF MONTEBELLO, MONTEBELLO BUS LINES

Organizational DUNS: 174479642

Address:

Street: 400 SOUTH TAYLOR AVE.

City: MONTEBELLO

County: LOS ANGELES

State: CA

Zip Code: 90640

Country:

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Organizational Unit:

Department: TRANSPORTATION

Division:

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

Prefix: MS

First Name: ALVA

Middle Name

Last Name: CARRASCO

Suffix:

Email: ACARRASCO@CITYOFMONTEBELLO.COM

Phone Number (give area code): 323-887-4658

Fax Number (give area code): 323-887-4643

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000746

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) MUNICIPAL

Other (specify)

9. NAME OF FEDERAL AGENCY:
FEDERAL TRANSIT ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500

TITLE (Name of Program): FEDERAL TRANSIT ADMINISTRATION

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

SAFETEA-LU SECTION 5307 FY2010 FOR ASSOCIATED CAPITAL ITEMS, BUS REFURBISHMENT AND SUPPORT EQUIPMENT

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

CITY OF MONTEBELLO, LOS ANGELES COUNTY

13. PROPOSED PROJECT

Start Date: 07/01/2011

Ending Date: 12/31/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 38

b. Project:

15. ESTIMATED FUNDING:

a. Federal	$ 2,152,800.00
b. Applicant	$ .00
c. State	$ 37,800.00
d. Local	$ .00
e. Other TDC	$ 500,400.00
f. Program Income	$ .00
g. TOTAL	$ 2,691,000.00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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: AURORA

Middle Name

Last Name: JACKSON

Suffix

b. Title: DIRECTOR OF TRANSPORTATION

c. Telephone Number (give area code): 323-887-4606

d. Signature of Authorized Representative

e. Date Signed: 06/07/2011

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- [X] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [X] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

[X] Initial [ ] Resubmission [ ] Revision [ ] Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes [ ] No [X] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:**

Eastern Sierra Transit Authority

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

364605336

*** c. Organizational DUNS:**

830598210

d. Address:

* Street1:

P.O. Box 1357

Street2:

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* City:

Bishop

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93515

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

* First Name: John

Middle Name:

* Last Name: Helm

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 760-872-1901 Ext. 12

Fax Number: 760-872-0936

* Email: jhelm@estransit.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

D: Special District Government

* Other (specify):

b. Additional Description:

Joint Powers Authority

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Mammoth Ranger District of the Inyo National Forest, Devils Postpile National Monument, Town of Mammoth Lakes, CA, and Mono County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 25

b. Program/Project: 25

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 05/09/2011

b. End Date: 12/31/2015

14. ESTIMATED FUNDING:

* a. Federal ($): 400,000.00

b. Match ($):

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ Explanation

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

** I Agree ☒

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

Authorized Representative:

Prefix:	* First Name:
Mr.	John

Middle Name:

*

* Last Name:

Helm

Suffix:	* Title:
	Executive Director

Organizational Affiliation:

*

* Telephone Number:

760-872-1901 Ext. 12

* Fax Number:

760-872-0936

* Email:

jhelm@estransit.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 2011		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: **City of Redding, California**

Organizational Unit: **Benton Airpark**

Department: **Support Services**

Organizational DUNS: **07-378-0413**

Division: **Airports**

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Address:

Street: **777 Cypress Avenue**

City: **Redding**

County: **Shasta**

State: **CA** Zip Code: **96001-2718**

Country: **USA**

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

Prefix: **Mr.** First Name: **Rod**

Middle Name: **A.**

Last Name: **Dinger**

Suffix:

Email: **rdinger@ci.redding.ca.us**

Phone number (give area code): **(530) 224-4321**

FAX number (give area code): **(530) 224-4318**

6. EMPLOYER IDENTIFICATION NUMBER *EIN*):

9 4 - 6 0 0 0 4 0 1

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
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Runway Safety Area Improvements (Phase II)

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date	Ending Date
08/01/11	07/31/12

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	3,494,100 .00
b. Applicant	$	96,548 .00
c. State	$	87,352 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	3,678,000 .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: **06/6/11**

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 **Rod** Middle Name **A.**

Last Name **Dinger** Suffix

b. Title **Airports Manager**

c. Telephone number (give area code) **(530) 224-4321**

d. Signature of Authorized Representative

X

e. Date Signed

X 6/8/11

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 2011	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: **City of Redding, California**

Organizational Unit: **Redding Municipal Airport**

Department: **Support Services**

Organizational DUNS: **07-378-0413**

Division: **Airports**

Address:
Street: **777 Cypress Avenue**

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

Prefix: **Mr.** First Name: **Rod**

City: **Redding**

Middle Name: **A.**

County: **Shasta**

Last Name: **Dinger**

State: **CA** Zip Code: **96001-2718**

Suffix:

Country: **USA**

Email: **rdinger@ci.redding.ca.us**

6. EMPLOYER IDENTIFICATION NUMBER *EIN*):

9 4 - 6 0 0 0 4 0 1

Phone number (give area code): **(530) 224-4321**

FAX number (give area code): **(530) 224-4318**

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
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Terminal Building Expansion and Rehabilitation

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STATE CLEARING HOUSE

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date	Ending Date
09/01/11	08/31/13

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	6,005,900 .00
b. Applicant	$	316,100 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	6,322,000 .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: **06/6/11**
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 **Rod** Middle Name **A.**
Last Name **Dinger** Suffix
b. Title **Airports Manager**
c. Telephone number (give area code) **(530) 224-4321**
d. Signature of Authorized Representative: X
e. Date Signed: X 6/8/11

Previous Editions Not Usable
Authorized for Local Reproduction

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

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: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Southwest Transportation Agency

Organizational DUNS: 18-965-8149

Address:

Street: 16644 S. Elm Avenue

City: Caruthers

County: Fresno

State: CA

Zip Code: 93609

Country: United States of America

Organizational Unit:

Department:

Division:

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

Prefix: First Name:

Middle Name

Last Name

Suffix:

Email:

Phone Number (give area code): 559.644.1000

Fax Number (give area code): 559.644.1050

RECEIVED JUN 13 2011 STATE CLEARINGHOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 5 8 - 1 9 9 5 1 5 7

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)

Not For Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 9

TITLE (Name of Program): Rural Business Enterprise Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Dairy Waste/Small Scale Methane Liquefaction Project

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

Caruthers, Fresno County, CA; Riverdale, Kings County, CA

13. PROPOSED PROJECT

Start Date: August 2011

Ending Date: August 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Devin Nunes

b. Project: Devin Nunes

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ 500,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ 500,000.00
f. Program Income	$ .00
g. TOTAL	$ 1,050,000.00

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: 6/6/2012

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: Kirk Middle Name:

Last Name: Hunter Suffix:

b. Title: Chief Executive Officer

c. Telephone Number (give area code): 559-544-1019

d. Signature of Authorized Representative

e. Date Signed: 6/3/11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 06/10/2011	Applicant Identifier CA-90-Y729-1	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y729-1	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Foothill Transit

Organizational Unit: Department: Finance

Organizational DUNS: 94-364-2124

Division:

RECEIVED JUN 13 2011 STATE CLEARING HOUSE

Address:

Street: 100 S. Vincent Avenue, Suite 200

City: West Covina

County: Los Angeles

State: CA

Zip Code: 91790

Country: USA

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

Prefix: Mr. First Name: Gil

Middle Name

Last Name: Victorio

Suffix: NA

Email: gvictorio@foothilltransit.org

Phone Number (give area code): (626) 931-7227

Fax Number (give area code): (626) 931-7327

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-4668218

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): Joint Powers Authority

9. NAME OF FEDERAL AGENCY: Federal Transit Authority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SGV Park & Ride/CNG Bus Replacement

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: 20 cities and Los Angeles County

13. PROPOSED PROJECT

Start Date: 06/30/2008

Ending Date: 10/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District No. 26,29,32,38 & 42

b. Project: Same

15. ESTIMATED FUNDING:

a. Federal	$ 1,040,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 260,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 11,300,000.00

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: 06/18/2008

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: Gil Middle Name

Last Name: Victorio Suffix

b. Title: Finance Manager

c. Telephone Number (give area code): (626) 931-7227

d. Signature of Authorized Representative

e. Date Signed: 06/10/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED 06/10/2011	Applicant Identifier CA-04-2000
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 CA-04-2000

5. APPLICANT INFORMATION

Legal Name: Foothill Transit	Organizational Unit. Department: Finance
Organizational DUNS: 94-364-2124	Division:
Address: Street: 100 S. Vincent Avenue, Suite 200	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gil
City: West Covina	Middle Name
County: Los Angeles	Last Name Victorio
State: CA Zip Code 91790	Suffix: NA
Country: USA	Email: gvictorio@foothilltransit.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4668218	Phone Number (give area code) (626) 931-7227 Fax Number (give area code) (626) 931-7327
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) Joint Powers Authority
	9. NAME OF FEDERAL AGENCY: Federal Transit Authority
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500 TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SGV Park & Ride/CNG Bus Replacement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County	
13. PROPOSED PROJECT Start Date: 06/30/2008 Ending Date: 12/31/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,29,32,38 & 42 b. Project Same

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15. ESTIMATED FUNDING:

a. Federal	$ 3,331,840.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 7,968,160.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 11,300,000.00

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: 06/18/2008

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 Gil	Middle Name
Last Name Victorio		Suffix
b. Title Finance Manager		c. Telephone Number (give area code) (626) 931-7227
d. Signature of Authorized Representative		e. Date Signed 06/10/2011

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

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier: 11-298

*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: Redevelopment Agency of the City of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN): 770455468

*c. Organizational DUNS: 112562983

d. Address:

*Street1: 2344 Tulare St.
Street 2:
*City: Fresno
County: Fresno
*State: California
Province:
Country: United States
*Zip/ Postal Code: 93721

e. Organizational Unit:

Department Name: Not applicable

Division Name: Not applicable

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

Prefix: Ms.
First Name: Amy
Middle Name:
*Last Name: Chubb
Suffix:

Title: Project coordinator

Organizational Affiliation:
Redevelopment Agency of the City of Fresno

*Telephone Number: 599-621-7600
Fax Number: 559-498-1878

*Email: amy.chubb@fresno.gov

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

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*12. Funding Opportunity Number: EPA-OSWER-OBLR-10-11

*Title: Proposal Guidelines for Brownfields Cleanup Grants

13. Competition Identification Number: Not available

Title:

Not available

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

City of Fresno

*15. Descriptive Title of Applicant's Project:

The Brownfields Assessment Initiative for a Sustainable Fresno targets eight potentially contaminated sites in West Fresno and downtown, characterizes a database of 545 potentially contaminated sites and engages and educates affected communities in the brownfields' process.

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 CA 021

*b. Program/Project: CA 021

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

17. Proposed Project:

*a. Start Date: 09/01/11

*b. End Date: 08/31/14

18. Estimated Funding ($):

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

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Marlene

Middle Name:

*Last Name: Murphey

Suffix:

*Title: Executive Director

*Telephone Number: 559-760-7611

Fax Number: 559-498-1870

*Email: marlene.murphey@fresno.gov

*Signature of Authorized Representative: Marlene Murphey

Date Signed: 6/13/11

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:

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: C.O.R.E. @ The Camptonville Academy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3353799

* c. Organizational DUNS: 01-673-5883

d. Address:

* Street1: 922 G Street
Street2:
* City: Marysville
County/Parish:
* State: Ca
Province:
* Country:
* Zip / Postal Code: 95901

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: Mr.

* First Name: Chris

Middle Name:

* Last Name: Mahurin

Suffix:

Title: School Director

Organizational Affiliation: N/A

* Telephone Number: (530) 742-2786

Fax Number: (530) 742-6067

* Email: cmahurin@coretca.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

New

Type of Applicant 2: Select Applicant Type:

N/A

Type of Applicant 3: Select Applicant Type:

N/A

* Other (specify):

N/A

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facility Loan and Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

City of Marysville in Yuba County California

Add Attachment | Delete Attachment | View Attachment

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

Education Resource Center: C.O.R.E. @ Camptonville Academy Inc. has outgrown its present 4,200 sq. ft. facility at 922 "G" Street in Marysville, Ca. The new 5,532 sq. ft. facility will be constructed at a presently vacant site located at 16th & "C"Street in Marysville, Ca.

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: 02-Ca
* b. Program/Project: 02-Ca

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2011
* b. End Date: 09/01/2012

18. Estimated Funding ($):

* a. Federal	$3,000,000.00
* b. Applicant	$352,000.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$3,352,000.00

*** 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 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: Chris
Middle Name:
* Last Name: Mahurin
Suffix:

* Title: School Director

* Telephone Number: (530) 742-2786
Fax Number: (530) 742-6067

* Email: cmahurin@coretca.org

* Signature of Authorized Representative:
* Date Signed: 05/31/2011

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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W

* c. Organizational DUNS: 6277974260000

d. Address:

* Street1: 200 University Office Building
Street2:
* City: Riverside
County/Parish: Riverside
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Office of Research

Division Name: Sponsored Programs Admin

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

Prefix:
* First Name: Ursula
Middle Name: N
* Last Name: Prins
Suffix:

Title: Principal Contract & Grant Officer

Organizational Affiliation: The Regents of the University of California

* Telephone Number: 951-827-4808
Fax Number: 951-827-4483

* Email: ursula.prins@ucr.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

USDA-GRANTS-050211-001

* Title:

National Clean Plant Network Request for Applications

13. Competition Identification Number:

Title:

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

Areas Affected by Project.pdf

Add Attachment | Delete Attachment | View Attachment

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

The California Citrus Clean Plant Network

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-044 b. Program/Project CA-044

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/23/2011 * b. End Date: 09/22/2012

18. Estimated Funding ($):

* a. Federal	1,629,403.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program income	0.00
* g. TOTAL	1,629,403.00

*** 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 06/09/2011.

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

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

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

[ ] Yes [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: * First Name: Ursula

Middle Name: N

* Last Name: Prins

Suffix:

* Title: Principal Contract & Grant Officer

* Telephone Number: 951-827-4808 Fax Number: 951-827-4483

* Email: ursula.prins@ucr.edu

* 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: Completed by Grants.gov upon submission.

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: Albiasa Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 8C-0251687

* c. Organizational DUNS: 966115508

d. Address:

* Street1: 50 California St, Suite 1500
Street2:
* City: San Francisco
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94111

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Albert

Middle Name:

* Last Name: Fong

Suffix:

Title: Managing Director

Organizational Affiliation:

* Telephone Number: 415-794-4614

Fax Number:

* Email: albert.h.fong@albiasa.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:**

National Energy Technology Laboratory

11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000451

* Title:

Clean Cities Community Readiness and Planning for Plug-In Electric Vehicles and Charging Infrastructure

13. Competition Identification Number:

Title:

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

Transportation Corridor in California Between San Francisco Bay Area and Los Angeles

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

Solar Powered Electric Vehicle Charging Corridor Planning and Identification of Essential Areas for Implementation

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-008
* b. Program/Project: CA-008

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/03/2011
* b. End Date: 05/07/2012

18. Estimated Funding ($):

* a. Federal	267,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	267,000.00

*** 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 06/13/2011.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Albert
Middle Name:
* Last Name: Fong
Suffix:

* Title: Managing Director

* Telephone Number: 415-794-4614
Fax Number:

* Email: albert.h.fong@albiasa.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: 01/31/2009

Application for Federal Assistance SF-424 Version 02

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

RECEIVED
JUN 14 2011
STATE CLEARING HOUSE

3. Date Received:	4. Applicant Identifier:
06/09/11	1666

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
1666	1666

State Use Only:

6. Date Received by State: 06/09/11	7. State Application Identifier: 1666

8. APPLICANT INFORMATION:

*a. Legal Name: City of Torrance (Torrance Transit System)

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
95-6000803	136190357

d. Address:

*Street 1: 20500 Madrona Avenue
Street 2:
*City: Torrance
County: Los Angeles
*State: California
Province:
*Country: United States
*Zip / Postal Code 90503

e. Organizational Unit:

Department Name:	Division Name:
Transit	Administration

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

Prefix: Mr. *First Name: Jim
Middle Name:
*Last Name: Mills
Suffix:

Title: Administration Manager

Organizational Affiliation:
Division Manager

*Telephone Number: 310.618.6291 Fax Number: 310.618.6229

*Email: jmills@torranceca.gov

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507

CFDA Title:

***12 Funding Opportunity Number:**

5309 Bus Capital E2009-BUSP (MTOC Funds)

*Title:

Urbanized Area Formula (Section 5309)

13. Competition Identification Number:

Title:

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

City of Torrance/ Los Angeles County/Southern California.

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

Alternative Fuel Bus Replacement

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 36/37 *b. Program/Project: 36/37

17. Proposed Project:

*a. Start Date: 01/01/2009 *b. End Date: 12/31/2013

18. Estimated Funding ($):

*a. Federal	$475,000
*b. Applicant	
*c. State	$118,750
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$593,750

***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 06/09/110

☐ 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: Mills

Suffix:

*Title: Administration Manager

*Telephone Number: 310.618.6291 Fax Number: 310.618.6229

* Email: jmills@torranceca.gov

*Signature of Authorized Representative: *Date Signed: 6/9/11

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	

RECEIVED
JUN 14 2011
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: CITY OF REDLANDS

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
95-6000766	074712205

d. Address:

* Street1: 35 Cajon Street, Suite 222
Street 2: PO Box 3005
* City: Redlands
County: San Bernardino
* State: California
Province:
Country: USA
*Zip/ Postal Code: 92373

e. Organizational Unit:

Department Name:	Division Name:
Quality of Life Department	Airport Divison

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

Prefix: Ms.
First Name: Danielle
Middle Name: Suzanne
* Last Name: Garcia
Suffix:

Title: Senior Project Manager

Organizational Affiliation:

Airport Grant Administrator

* Telephone Number: 909-753-5800
Fax Number: 909-798-7697

* Email: dgarcia@cityofredlands.org

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

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: - Select One -

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
Rehabilitation of Apron at the Western end of the Airport Phase I

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-041

* a. Applicant CA-041 * b. Program/Project: CA-041

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

17. Proposed Project: Rehabilitation of Apron at the Western end of the Airport Phase I

* a. Start Date: September 2011 * b. End Date: December 2011

18. Estimated Funding ($):

*a. Federal	$150,000.00
*b. Applicant	$9,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$159,000.00

***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 6/8/2011
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Pete

Middle Name:

*Last Name: Aguilar

Suffix:

*Title: Mayor, City of Redlands

*Telephone Number: 909-798-7533 Fax Number: 909-798-7535

*Email: citycouncil@cityofredlands.org

*Signature of Authorized Representative: Pete Aguilar Date Signed: 6/10/11