

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
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* 3. Date Received: 4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Stockton Unified School District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002661	* c. Organizational DUNS: 083846378
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d. Address:

* Street1: 701 N. Madison St.
Street2: _____
* City: Stockton
County: San Joaquin
* State: CA
Province: _____
* Country: USA
* Zip / Postal Code: 95202

e. Organizational Unit:

Department Name: Stockton Unified School District Police Department	Division Name:
--	----------------

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

Prefix: _____ * First Name: Jim
Middle Name: _____
* Last Name: West
Suffix: _____

Title: Chief of Police

Organizational Affiliation:
Stockton Unified School District

* Telephone Number: 209 933-7085 x 2461 Fax Number: (209) 948-0218

* Email: jwest@stockton.k12.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

X. Other (Unified School District Police Department)

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U. S. Department of Justice

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS FY2008 Secure Our Schools Program

*** 12. Funding Opportunity Number:**

COPS-SOS-2008-1

* Title:

COPS Secure Our Schools Grant

13. Competition Identification Number:

Title:

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

Stockton, California

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

School Safety Technology Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 11

* b. Program/Project: 11

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

18

17. Proposed Project:

* a. Start Date: 09/02/2008

* b. End Date: 08/31/2010

18. Estimated Funding (\$):

* a. Federal	<u>85,905.00</u>
* b. Applicant	<u>85,904.00</u>
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>171,809.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/12/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

Prefix: Dr. * First Name: Jack
Middle Name: _____
* Last Name: McLaughlin
Suffix: _____

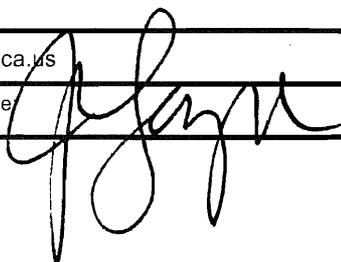
* Title: Superintendent

* Telephone Number: 209 933-7070

Fax Number: 209 933-7071

* Email: jmclaughlin@stockton.k12.ca.us

* Signature of Authorized Representative



* Date Signed: 06/12/2008

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision
- * Other (Specify)



* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Redding Police Department

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

94-6000401

* c. Organizational DUNS:

188924823

d. Address:

* Street1: 1313 California Street

Street2:

* City: Redding

County: Shasta

* State: California

Province:

* Country:

* Zip / Postal Code: 96001

e. Organizational Unit: Redding Police Department

Department Name:

Division Name:

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

Prefix: Ms.

* First Name: Jan

Middle Name: L.

* Last Name: Crawford

Suffix:

Title: Management Analyst

Organizational Affiliation:

Redding Police Department

* Telephone Number: 530-225-7157

Fax Number: (530) 225-4568

* Email: jcrowford@reddingpolice.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

C - City or Township

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U.S. Department of Justice

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-SOS-2008-1

* Title:

COPS Secure Our Schools Grant

13. Competition Identification Number:

Title:

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

City of Redding, California; specifically, the Enterprise Elementary School District, Redding, CA

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

Redding Police Department's Protecting Our Schools (POS) Initiative

Attach supporting documents as specified in agency instructions.

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

* a. Applicant CA-002

* b. Program/Project: CA-002

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

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	<u>267,769.00</u>
* b. Applicant	<u>267,769.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>535,538.00</u>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Mr. * First Name: Leonard

Middle Name: F.

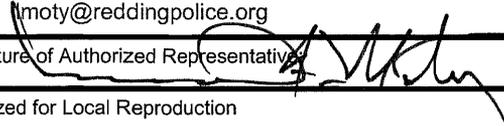
* Last Name: Moty

Suffix:

* Title: Chief of Police

* Telephone Number: 530-225-4211

Fax Number: 530-225-4568

* Email: lmoty@reddingpolice.org* Signature of Authorized Representative: * Date Signed: 6/12/08

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
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* 3. Date Received:	4. Applicant Identifier:
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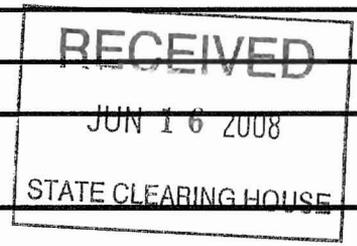
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: Twin Cities Police Authority	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-268-2258	* c. Organizational DUNS: 616936035



d. Address:

* Street1:	250 Doherty Drive
Street2:	
* City:	Larkspur
County:	Marin
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	94939

e. Organizational Unit:

Department Name: Support Services	Division Name: Juvenile Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Eckhardt
Middle Name: Ernst	
* Last Name: Schwarz	
Suffix:	

Title: Police Officer

Organizational Affiliation: Police Officer

* Telephone Number: (415) 927-5150 Fax Number: (415) 927-5796

* Email: eschwarz@tcpd-authority.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

City or Township Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

16.710 Secure Our Schools Program (SOS)

*** 12. Funding Opportunity Number:**

* Title:

COPS-SOS-2008-1

13. Competition Identification Number:

Title:

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

City of Larkspur, Town of Corte Madera, Town of Ross, City of Kentfield, City of Tiburon, City of Belvedere, County of Marin, State of California

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

Integrated school/police video monitoring system

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant 6th Congressional District * b. Program/Project: 6th Congressional District

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

17. Proposed Project:
* a. Start Date: 09/01/2008 * b. End Date: 09/01/2010

18. Estimated Funding (\$):

* a. Federal	121,000.00
* b. Applicant	
* c. State	
* d. Local	121,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	242,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2008
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

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

Prefix: _____ * First Name: Phillip
Middle Name: D.
* Last Name: Green
Suffix: _____

* Title: Chief of Police

* Telephone Number: (415) 927-5150 Fax Number: (415) 927-5176

* Email: pgreen@tcpd-authority.org

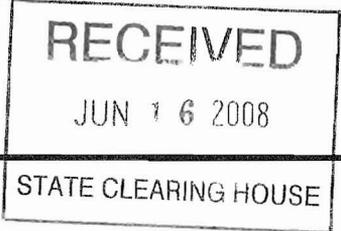
* Signature of Authorized Representative:  * Date Signed: 6-13-08

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Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
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* 3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: Twin Rivers Unified School District / Twin Rivers Police Department	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-1773196	* c. Organizational DUNS: 807290189

d. Address:

* Street1: 5107 Dudley Blvd., Bldg. # 250B
Street2:
* City: McClellan
County: Sacramento
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 95652

e. Organizational Unit:

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

Prefix: Mr.	* First Name: Christopher
Middle Name: Scott	
* Last Name: Breck	
Suffix:	

Title: Chief of Police

Organizational Affiliation:

* Telephone Number: 916-286-4870	Fax Number: (916) 286-4825
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* Email: c.breck@twinriversusd..org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

Public/State Controlled Institution of Higher Education

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnerships and Community Policing Grants

*** 12. Funding Opportunity Number:**

16.710

* Title:

Public Safety Partnerships and Community Policing Grants / Secure Our Schools Program (SOS)

13. Competition Identification Number:

Title:

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

Sacramento City, Sacramento County, Placer County, California
Twin Rivers Unified School District

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

Web-based Video Surveillance System

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003, CA-004, & CA-005

* b. Program/Project: CA-003, CA-004 & CA-005

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

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2011

18. Estimated Finding (\$):

* a. Federal	<u>3,703,925.00</u>
* b. Applicant	<u>3,703,924.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>7,407,849.00</u>

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

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

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Dr. * First Name: Frank

Middle Name: _____

* Last Name: Porter

Suffix: _____

* Title: Superintendent

* Telephone Number: 916-566-1786

Fax Number: 916-566-1784

* Email: Frank.Porter@twinriversusd.org

* Signature of Authorized Representative: 

* Date Signed: 06/13/2008

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

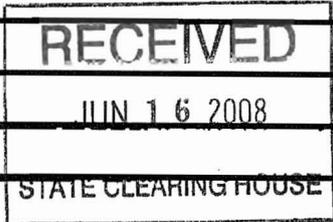
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision	
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* 3. Date Received:	4. Applicant Identifier:
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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: Petaluma City Police Department	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000392	* c. Organizational DUNS: 801704560

d. Address:

* Street1:	969 Petaluma Boulevard North
Street2:	
* City:	Petaluma
County:	Sonoma
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	94952

e. Organizational Unit: City of Petaluma

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

Prefix:	* First Name: Ralph
Middle Name:	
* Last Name: Evans	
Suffix:	
Title: Sargeant	
Organizational Affiliation:	

* Telephone Number: 707-778-4368	Fax Number: (707) 778-4502
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* Email: revans@ci.

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:
City or Township Government

Type of Applicant 2:
Independent School District

Type of Applicant 3:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
16.710

CFDA Title:
Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**
COPS-SOS-2008-1

* Title:
Secure Our Schools Program (SOS)

13. Competition Identification Number:

Title:

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

*** 15. Descriptive Title of Applicant's Project:**
Secure Our Schools with Surveillance Cameras

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA006

* b. Program/Project: CA006

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

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2110

18. Estimated Funding (\$):

* a. Federal	125,000.00	\$125,111
* b. Applicant	_____	
* c. State	_____	
* d. Local	125,000.00	\$125,111
* e. Other	_____	
* f. Program Income	_____	
* g. TOTAL	250,000.00	\$250,222.00

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

Prefix: _____ * First Name: Ralph
Middle Name: _____
* Last Name: Evans
Suffix: _____

* Title: Sargent

* Telephone Number: 707-778-4368

Fax Number: 707-778-4502

* Email: revans@

* Signature of Authorized Representative: Ralph Evans

* Date Signed: 06/13/08

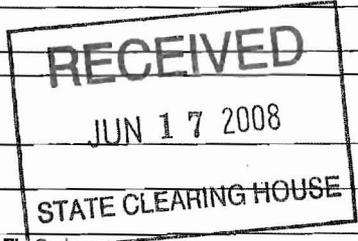
Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED Feb. 11, 2008 (Rev. 5-1-2008; 6-9-08)	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION	
Legal Name: County of Plumas	Organizational Unit: Department: Planning
Organizational DUNS: 01-099-7419	Division: Airports
Address: Street: 520 Main Street, Room 309	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Mr. First Name: Jack
City: Quincy	Middle Name
County: Plumas	Last Name: Ingstad
State: California	Suffix:
Country: USA	Email: jackingstad@countyofplumas.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528	Phone Number (give area code) 530-283-6315	Fax Number (give area code) (530) 283-6288
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) B	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Beckwourth, Plumas County, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Beckwourth-Nervino Airport, Beckwourth, Plumas County, California Obstruction Study/Obstruction Removal
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13. PROPOSED PROJECT Start Date: 2008 Ending Date: 2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 150,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 10, 2008
b. Applicant \$ 4,145.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 3,750.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 157,895.00	

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

a. Authorized Representative		
Prefix: Mr.	First Name: Jack	Middle Name:
Last Name: Ingstad	Suffix:	
b. Title County Administrative Officer	c. Telephone Number (give area code) 530-283-6315	
d. Signature of Authorized Representative	e. Date Signed 6-9-08	

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:**

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:**

Asian Community Center of Sacramento Valley Inc.

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

94-2271380

*** c. Organizational DUNS:**

152151528

d. Address:

*** Street1:**

7375 Park City Drive

Street2:

*** City:**

Sacramento

County:

Sacramento

*** State:**

CA: California

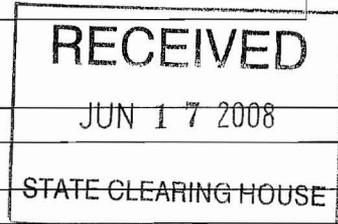
Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95831-3866



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:**

Raymond

Middle Name:

*** Last Name:**

Gee

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

916 393-9026 Ext. 232

Fax Number:

916 393-9128

*** Email:**

raygee@accsv.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

ER-5200-N-26

* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

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

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

Affordable housing for low-income seniors.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

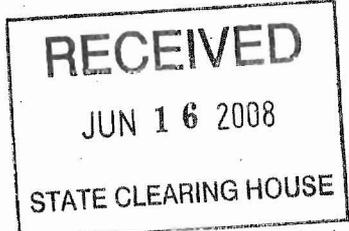
6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

*a. Legal Name: State of California	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001347	*c. Organizational DUNS: 949087076

d. Address:

*Street 1:	<u>1300 National Drive, Suite 200</u>
Street 2:	_____
*City:	<u>Sacramento</u>
County:	_____
*State:	<u>California</u>
Province:	_____
*Country:	<u>United States of America</u>
*Zip / Postal Code	<u>95834</u>



e. Organizational Unit:

Department Name: California Department of Aging	Division Name: Long-Term Care and Aging Services
--	---

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

Prefix: <u>Ms.</u>	*First Name: <u>Mary</u>
Middle Name: _____	
*Last Name: <u>Pynn</u>	
Suffix: _____	

Title: <u>Acting SCSEP State Coordinator</u>
--

Organizational Affiliation:

*Telephone Number: 916-928-2294	Fax Number: 916-928-2509
---------------------------------	--------------------------

*Email: <u>mpynn@aging.ca.gov</u>

Application for Federal Assistance SF-424

Version 02

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

A. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

17-235 _____

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Grantee operates in the following counties: Marin, San Mateo, Alameda, Santa Clara, Kings, Tulare, Ventura, San Joaquin, Fresno, Los Angeles County, San Bernardino, Orange, Riverside, San Diego, Stanislaus, and the City of Los Angeles.

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

The Senior Community Service Employment Program will provide subsidized part-time opportunities for low-income persons age 55 and older and will assist them in transitioning to unsubsidized employment.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA 06, CA 14, CA 16, CA 20, CA 21, CA 24, CA 11, CA 25, CA 41, CA 45, CA 48, CA 52, CA 18-19
*b. Program/Project:

17. Proposed Project:

*a. Start Date: 7/1/2008 *b. End Date: 6/30/2009

18. Estimated Funding (\$):

*a. Federal	\$8,936,240
*b. Applicant	
*c. State	\$992,916
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	9,929,156

*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: Lynn
Middle Name:
*Last Name: Daucher
Suffix:

*Title: Director

*Telephone Number: 916-419-7500 Fax Number: 916-928-2509

* Email: ldaucher@aging.ca.gov

*Signature of Authorized Representative: Lynn Daucher

*Date Signed: 5/20/03

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission: _____	4. Applicant Identifier: _____		RECEIVED JUN 18 2008 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: Willmore City Heritage Association			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0201588		* c. Organizational DUNS: 826546723	
d. Address:			
* Street1:	P.O. Box 688		
Street2:	_____		
* City:	Long Beach		
County:	_____		
* State:	CA: California		
Province:	_____		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	90801		
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:	Kathleen
Middle Name:	_____		
* Last Name:	Irvine		
Suffix:	_____		
Title:	Grant Writer		
Organizational Affiliation: Willmore City Heritage Association			
* Telephone Number:	562-342-6146	Fax Number:	562-342-6147
* Email:	bluegecko3@charter.net		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Environmental Justice Small Grant Program

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-08-01

* Title:

ENVIRONMENTAL JUSTICE SMALL GRANTS PROGRAM

13. Competition Identification Number:

Title:

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

Drake Park/Willmore City Historic District, City of Long Beach, CA

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

Create a demonstration garden, located at the Historic Bembridge House in Drake Park, that will educate the public about the ways plants help clean the environment and improve our lives.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,000.00"/>

*** 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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 11, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: County of El Dorado	<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-size: 18px; font-weight: bold;">JUN 18 2008</div> <div style="border: 1px solid black; padding: 2px; font-size: 18px; font-weight: bold;">STATE CLEARING HOUSE</div>	Organizational Unit: Department: General Services
Organizational DUNS: 07-154-3201		Division: Airports
Address: Street: 360 Fair Lane		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Placerville		Prefix: Mr.
County: El Dorado		Middle Name
State: California	Zip Code: 95667	Last Name: Nicolls
Country: USA		Suffix:
		Email: dnicolls@co.el-dorado.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000511	Phone Number (give area code) (530) 622-0459	Fax Number (give area code) 530-622-0270
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Placerville Airport, El Dorado County, California Replace MIRL Runway 5-23 - Phase 2; New PAPI Runway 23 Construct New AWOS Engineering Design Projects
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Placerville, El Dorado County, California	

13. PROPOSED PROJECT Start Date: 2008 Ending Date: 2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 767,600.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 15, 2008
b. Applicant \$ 21,210.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 19,190.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	
e. Other \$	
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 808,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative		
Prefix Mr.	First Name George	Middle Name
Last Name Sanders		Suffix
b. Title Deputy Director of General Services		c. Telephone Number (give area code) (530) 621-5785
d. Signature of Authorized Representative		e. Date Signed 5/17/08

Application for Federal Assistance SF-424

Version 02

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

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

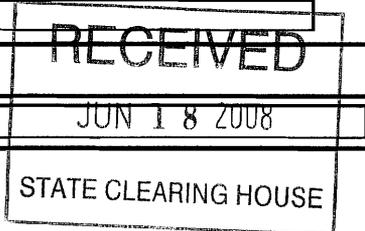
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>The Center for Health Training - CA</u>	* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>1942401949A1</u>	* c. Organizational DUNS: <u>170044572</u>
---	---	--



d. Address:

* Street1:	<u>614 Grand Avenue</u>
Street2:	<u>Suite 400</u>
* City:	<u>Oakland</u>
County:	_____
* State:	<u>California</u>
Province:	_____
* Country:	<u>UNITED STATES</u>
* Zip / Postal Code:	<u>94610-3523</u>

e. Organizational Unit:

Department Name: _____	Division Name: _____
---------------------------	-------------------------

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

Prefix: <u>Ms</u>	* First Name: <u>Patricia</u>
Middle Name: <u>Ann</u>	
* Last Name: <u>Blackburn</u>	
Suffix: _____	
Title: <u>Executive Director</u>	

Organizational Affiliation:

* Telephone Number: <u>510-835-3700</u>	Fax Number: <u>510-625-9307</u>
---	---------------------------------

* Email: <u>blackburn@jba-cht.com</u>

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="460000"/>
* b. Applicant	<input type="text" value="0"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="40041"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="500041"/>

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

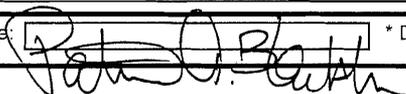
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JUN 18 2008</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of La Habra		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-60000730		* c. Organizational DUNS: 938989691
d. Address:		
* Street1:	201 E. La Habra Boulevard	
* Street2:		
* City:	La Habra	
* County:	Orange	
* State:	California	
* Province:		
* Country:	USA	
* Zip / Postal Code:	90631	
e. Organizational Unit:		
Department Name: La Habra Police Department		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr	* First Name: Dennis	
Middle Name: R.		
* Last Name: Kies		
Suffix:		
Title: Chief of Police		
Organizational Affiliation: La Habra Police Department		
* Telephone Number: (562) 905-9651	Fax Number: (562) 905-8772	
* Email: dennis_kies@lahabracity.com		

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

Application for Federal Assistance SF-424	Version 02
<p>9. Type of Applicant 1: City Government</p> <p>Type of Applicant 2:</p> <p>Type of Applicant 3:</p> <p>* Other (specify):</p>	
<p>* 10. Name of Federal Agency: US Department of Justice, Office of Community Oriented Policing Services</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 16.710</p> <p>CFDA Title: Public Safety Partnership and Community Policing Grants</p>	
<p>* 12. Funding Opportunity Number: N/A</p> <p>* Title:</p>	
<p>13. Competition Identification Number: N/A</p> <p>Title:</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): City of La Habra</p>	
<p>* 15. Descriptive Title of Applicant's Project: The City of La Habra's proposed use of 2008 Technology Grant funds to purchase an in-field report writing system to improve the efficiency and effectiveness of the police department.</p>	
<p>Attach supporting documents as specified in agency instructions.</p>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-042	* b. Program/Project: CA-042
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 12/26/2007	* b. End Date: 12/25/2010
18. Estimated Funding (\$):	
* a. Federal	49,570.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	49,570.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ Evelyn Dove <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: Mr	* First Name: Don
Middle Name: _____	_____
* Last Name: Hannah	_____
Suffix: _____	_____
* Title: City Manager	
* Telephone Number: (562) 905-9751	Fax Number: (562) 905-9781
* Email: don_hannah@lahabracity.com	
* Signature of Authorized Representative: 	* Date Signed: 6/18/08

Authorized for Local Reproduction

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED JUN 19 2008 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Pomona		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95600764		* c. Organizational DUNS: 152791182
d. Address:		
* Street1:	505 South Garey Avenue	
Street2:		
* City:	Pomona	
County:		
* State:	California	
Province:		
* Country:	United States	
* Zip / Postal Code:	91766	
e. Organizational Unit: Police Department		
Department Name: Pomona Police Department		Division Name: Police
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Brad	
Middle Name:		
* Last Name:	Vanderheyden	
Suffix:		
Title: Administrative Services Manager - Police Department		
Organizational Affiliation: Police Department		
* Telephone Number: (909) 620-2339		Fax Number: (909) 620-2419
* Email: brad_vanderheyden@ci.pomona.ca.us		

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1:
C - City
Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

* **10. Name of Federal Agency:**
U.S. Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:
(CFDA 16.710)
CFDA Title:
Public Safety and Community Policing Grants

* **12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Pomona primarily, in addition to the cities of Burbank, Glendale, Culver City, Beverly Hills and Montebello that are joint members of the Interagency Communications Interoperability System (ICIS) regional public safety radio system.

* **15. Descriptive Title of Applicant's Project:**
Public Safety Radio System Project 25 Migration

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 38th

* b. Program/Project:

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

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	46,765.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	46,765.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

Prefix: _____ * First Name: Brad

Middle Name: _____

* Last Name: Vanderheyden

Suffix: _____

* Title: Administrative Services Manager - Police Department

* Telephone Number: (909) 620-2339 Fax Number: (909) 620-2419

* Email: brad_vanderheyden@ci.pomona.ca.us

* Signature of Authorized Representative:  * Date Signed: 6/19/08

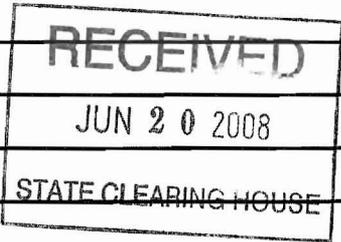
Authorized for Local Reproduction

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s):</p> <p> <input type="radio"/> Preapplication <input checked="" type="radio"/> New <input checked="" type="radio"/> Application <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Changed/Corrected Application <input type="radio"/> Revision </p>		
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JUN 19 2008</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
B. APPLICANT INFORMATION:		
* a. Legal Name: San Joaquin County		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531		* c. Organizational DUNS: 555407857
d. Address:		
* Street1:	7000 Michael Canlis Blvd	
Street2:		
* City:	French Camp	
County:	San Joaquin County	
* State:	California	
Province:		
* Country:	United States of America	
* Zip / Postal Code:	95231	
e. Organizational Unit: San Joaquin County Sheriff's Office		
Department Name:		Division Name: Patrol Division
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: John	
Middle Name: D.		
* Last Name: Williams		
Suffix:		
Title: Lieutenant		
Organizational Affiliation: San Joaquin County Sheriff's Office		
* Telephone Number: (209)468-4150	Fax Number: (209) 468-4167	
* Email: jwilliams@sjgov.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: County Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: Department of Justice, Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: CFDA 16.710 CFDA Title: Universal Hiring Program	
* 12. Funding Opportunity Number: COPS-UHP-2008-1 * Title: Universal Hiring Program	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Unincorporated urban and rural county areas.	
* 15. Descriptive Title of Applicant's Project: Community Car Program deploying full time law enforcement personnel to identified geographical areas based upon need due to calls for service, distance to existing resources and population densities.	
Attach supporting documents as specified in agency instructions. Project map and statistical sample attached.	

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Ajaxo Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0522978		*c. Organizational DUNS: 362064482
d. Address:		
*Street 1:	<u>1735 Technology Drive</u>	
Street 2:	<u>Suite 740</u>	
*City:	<u>San Jose</u>	
County:	<u>Santa Clara</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95110</u>	
e. Organizational Unit:		
Department Name: Information Technology		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<u>Ms.</u>	*First Name: <u>Connie</u>
Middle Name:	_____	
*Last Name:	<u>Chun</u>	
Suffix:	_____	
Title:	<u>VP</u>	
Organizational Affiliation:		

*Telephone Number: 408-573-7335 ext 12		Fax Number: 408-573-7367
*Email: <u>connie@ajaxo.com</u>		



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 18, 2008-revised	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Amador Water Agency	Organizational Unit: Department: Administration
Organizational DUNS: 627507536	Division:
Address: Street: 12800 Ridge Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael
City: Sutter Creek	Middle Name: James
County: Amador	Last Name: Lee
State: California	Zip Code: 95685
Country: U.S.	Email: mlee@amadorwa.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6 8 - 0 0 2 9 5 7 7	Phone Number (give area code) 209-257-5207	Fax Number (give area code) 209-257-5281
---------------------	--	--

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) C A

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

G. Special District
 Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): 1 0 - 7 6 0

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Design and construction of the CAWP Gravity Supply Line (GSL), consisting of 33,300 linear feet of 20-inch pipe. This pipe will divert water from the Tiger Creek Regulator to the Buckhorn Water Treatment Plant.

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

Amador County, Ca

13. PROPOSED PROJECT

Start Date: 2010	Ending Date: 2012
---------------------	----------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03	b. Project 03
--------------------	------------------

15. ESTIMATED FUNDING:

a. Federal	\$	9,000,000 ⁰⁰
b. Applicant	\$	125,000 ⁰⁰
c. State	\$	3,375,000 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	12,500,000 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: March 30, 2005

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

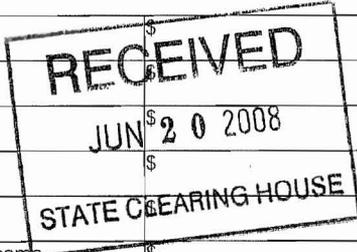
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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 Michael	Middle Name James
Last Name Lee	Suffix	
b. Title Financial Services Manager	c. Telephone Number (give area code) 209-257-5207	
d. Signature of Authorized Representative	e. Date Signed June 18, 2008	

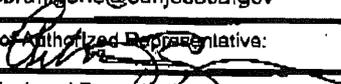


OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED JUN 20 2008 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
B. APPLICANT INFORMATION:		
* a. Legal Name: City of San Jose		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000419		* c. Organizational DUNS: 063541874
d. Address:		
* Street1: Office of the City Manager		
Street2: 200 East Santa Clara Street, 17th floor		
* City: San Jose		
County: Santa Clara		
* State: CA		
Province:		
* Country: USA		
* Zip / Postal Code: 95113		
e. Organizational Unit:		
Department Name: San Jose Police Department		Division Name: Fiscal Unit
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: Sharon
Middle Name: _____		
* Last Name: Barbaccia		
Suffix: _____		
Title: Senior Analyst		
Organizational Affiliation:		
* Telephone Number: 408-277-4086		Fax Number: (408) 277-3775
* Email: sharon.barbaccia@sanjoseca.gov		

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: C. City or Township Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: Department of Justice, Office of Community Oriented Policing Services (COPS)	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Universal Hiring Program (UHP)	
* 12. Funding Opportunity Number: please enter here * Title:	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of San Jose	
* 15. Descriptive Title of Applicant's Project: City of San Jose Universal Hiring Program (UHP)	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-011, CA-014, CA-015, CA-016	* b. Program/Project: CA-011, CA-014, CA-015, CA-016
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 07/01/2009	* b. End Date: 06/30/2012
18. Estimated Funding (\$):	
* a. Federal	750,000.00
* b. Applicant	2,158,150.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,908,150.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/20/2008</u>	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102
Prefix: _____	* First Name: <u>Debra</u>
Middle Name: _____	
* Last Name: <u>Figone</u>	
Suffix: _____	
* Title: <u>City Manager</u>	
* Telephone Number: <u>(408) 535-8100</u>	Fax Number: <u>(408) 920-7007</u>
* Email: <u>debra.figone@sanjoseca.gov</u>	
* Signature of Authorized Representative: 	* Date Signed: <u>6/19/08</u>

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424 Version 02

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

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

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

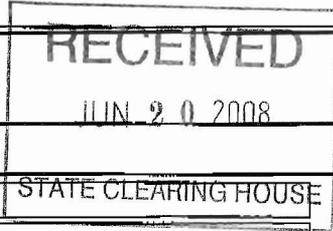
State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: San Fernando Valley Financial Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-3484246</u>	* c. Organizational DUNS: <u>557290595</u>
--	---



d. Address:

* Street1:	<u>5121 Van Nuys Blvd, 3rd Floor</u>
Street2:	_____
* City:	<u>Van Nuys</u>
County:	<u>Los Angeles</u>
* State:	<u>CA</u>
Province:	_____
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>91403</u>

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: <u>Roberto</u>
Middle Name: _____	
* Last Name: <u>Barragan</u>	
Suffix: _____	

Title: President

Organizational Affiliation: _____

* Telephone Number: <u>818 907-9977</u>	Fax Number: <u>818 907-9720</u>
---	---------------------------------

* Email: rbarragan@sfvfdc.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

Community Economic Development Program Operational Projects

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 27,28

* b. Program/Project 28,27

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

17. Proposed Project:

* a. Start Date: 10/2008

* b. End Date: 09/2011

18. Estimated Funding (\$):

* a. Federal \$700,000

* b. Applicant \$157,204

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$857,205

* 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 6/20/2008 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.

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

 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: RobertoMiddle Name:

* Last Name: Barragan

Suffix:

* Title: President

* Telephone Number: 818 907-9977

* Fax Number: 818 907-9720

* Email: rbarragan@sfvfdc.org

* Signature of Authorized Representative: 

* Date Signed: 10/20/2008

Authorized for Local Reproduction

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

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-04-0093
Budget Number:	1 - Budget Pending Approval
Project Information:	West Covina Park & Ride

Part 1: Recipient Information

Project Number:	CA-04-0093
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 SOUTH VINCENT AVE, SUITE 200, WEST COVINA, CA 91790 1644
Telephone:	(626) 967-3147
Facsimile:	(626) 915-1143

Union Information

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



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

View Print

Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	BUS@UTU.ORG
Website:	

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

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	Guerrieri, Edmond & Clayman
Address 2:	1625 Massachusetts Avenue, N.W
City:	Washington D.C., 20036 2243
Contact Name:	Carmen Parcelli, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$12,317,560
Project Number:	CA-04-0093	Adjustment Amt:	\$0
Project Description:	West Covina Park & Ride	Total Eligible Cost:	\$12,317,560
Recipient Type:	City	Total FTA Amt:	\$9,046,393
FTA Project Mgr:	Charlene Lee Lorenzo 213.202.3952	Total State Amt:	\$0
Recipient Contact:	Gil Victorio 626.931.7227	Total Local Amt:	\$3,271,167
New/Amendment:	New	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 01, 2008 - Dec. 31, 2010		

Recvd. By State:		Est. Oblig Date:	Non specified
EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	Mar. 15, 2008	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prim Plan) :	Mar. 15, 2008		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	26	David Dreier
6	29	Adam B Schiff
6	32	Hilda L Solis
6	38	Grace F Napolitano
6	42	Gary G Miller

Project Details

SERVICE DESCRIPTION:

Foothill Transit provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 37 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azuza, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: LAC Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to Veolia Transportation. Operations and maintenance are contracted to First Transit, Inc. and MV Transportation. The contractors' names, addresses, phone and fax numbers are as follows:

Veolia Transportation
2015 Spring Road, Suite 750
Oak Brook, IL 60523
Tel (630) 571-7070
Fax (630) 571-6454

First Transit, Inc.

View Print

705 Central Avenue
Suite 500
Cincinnati, OH 45202
Tel. (513) 241-2200
Fax (513) 381-0149

MV Transportation
360 Campus Lane
Suite 201
Fairfield, CA 94534
Tel. (707) 863-8980
Fax (707) 863-8944

Subject grant application is for capital assistance. Foothill Transit is the recipient and no sub-recipient is included. Through this grant, Foothill will finance through this grant the West Covina Parking Structure project for Park & Ride totaling \$12,317,560. Project will be using Sec. 5309 funds for \$9,046,393 and local match for \$3,271,167.

In compliance with the recent Certification Review of the Southern California area metropolitan transportation planning process, dated April 4, 2006, Foothill Transit is working closely with SCAG for both parties to enter into an agreement that will document the collaborative planning and programming processes and certification that SCAG as MPO for the agency.

Earmarks

No information found.

Security

No information found.

Part 3: Budget**Project Budget**

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
117-00 OTHER CAPITAL ITEMS (BUS)	1	\$9,046,393.00	\$12,317,560.00
ACTIVITY			
11.33.04 CONSTRUCT - BUS PARK&RIDE LOT - TIP# LA0B311	1	\$9,046,393.00	\$12,317,560.00
Estimated Total Eligible Cost:			\$12,317,560.00
Federal Share:			\$9,046,393.00
Local Share:			\$3,271,167.00

OTHER (Scopes and Activities not included in Project Budget Totals)

NoneNo Amendment Funding Source information is available for the selected projectAlternative Fuel CodesExtended Budget Descriptions

117-00	OTHER CAPITAL ITEMS (BUS)	1	\$9,046,393.00	\$12,317,560.00
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In February 2003, the Executive Board of Foothill Transit approved a policy to allow the agency to encourage member cities to develop a mixed-use transit-oriented neighborhood program (TONP). The TONP was developed by the agency to provide designated parking for its commuters. The TONP provides for the construction of weekday commuter Park and Ride (PNR) facilities as part of the planned retail/commercial development in the cities where the facilities are located.

In conjunction with the TONP, Foothill Transit proposes, in cooperation with the Federal Transit Administration, to develop a six-level Park and Ride structure on an existing at-grade parking lot located at 100 S. Vincent Avenue in the City of West Covina. The property is 2.92 acres in the Central Business District of the city and is bounded on the west by Vincent Avenue, on the south by Lakes Drive, on the east by commercial development and on the north by the ramp structure for the Vincent Avenue/eastbound I-10 freeway on ramp. The site is owned by Foothill Transit and is currently developed with 197 parking spaces and a six-story office building located on the southwest corner of the site, which houses Foothill Transit's administrative offices and four tenant's suites. The project is proposed to be six-level parking structure providing approximately seven hundred (700) parking spaces and will operate daily on weekdays from 05:00 a.m. to 07:00 p.m. Approximately five hundred (500) out of the seven hundred (700) parking spaces will be designated for Foothill Transit's commuters utilizing express and local routes.

The site is located adjacent to Interstate 10 (I-10), the major transportation corridor that connects Riverside County with the Los Angeles Metropolitan District. The purpose of the project is to:

1. Provide a safe and convenient PNR facility for commuters from the south San Gabriel Valley;
 2. Enhance opportunities for increased public transit ridership;
 3. Accommodate commuters using existing PNR facilities and future transit riders, including those who previously used PNR facilities in the area that were removed at the request of respective property owners;
 4. Improve the existing traffic circulation;
 5. Promote environmentally friendly transit usage;
 6. Provide relief to existing PNR facilities that are at over 100 percent capacity;
 7. Provide an alternative to the possible loss of a nearby PNR facility;
 8. Provide commuter parking to the stops for commuter transit services that are located adjacent to the proposed PNR facility;
- and
9. Provide permanent PNR availability for commuters in the area.

The parking structure will be funded by combination of Section 5309 Funds, Sec. 5307 and local dollars. The construction cost is estimated at \$14.6 million (see detail of project funding source below). A portion of the project cost of \$14,567,560 will be funded through this grant application for \$9,046,393 using Sec. 5309 funds representing seventy-three percent (73%) and \$3,721,167 representing twenty-seven percent (27%) local funds. The remaining cost will be funded through a separate grant application Sec. 5307 \$1,800,000 representing eighty percent (80%) and \$450,000 local funds representing twenty-seven percent (20%). Total project cost of \$14,567,560 will be financed by federal funds for \$10,846,393 representing seventy-four percent (74%) and local funds \$ 3,721,167 representing twenty-six percent (26%).

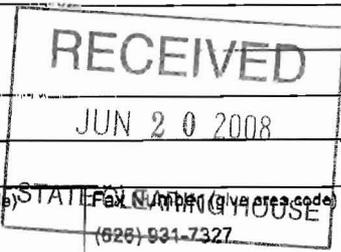
Funding Sources:

FY2006 Sec. 5309 Earmarked funds	\$3,267,000
FY2006 Sec. 5309 SAFETEA-LU	\$1,808,393
FY2007 Sec. 5309 SAFETEA-LU	\$1,906,080
FY2008 Sec. 5309 SAFETEA-LU	\$2,064,920
Prop 1B Bonds - Local funds	\$3,271,167
Total for this Grant	12,317,560
Add funding from separate Grant:	
FY2008 Sec. 5307 - Urbanized Formula	\$1,800,000
Prop C - Transit Security	\$ 450,000
Total	\$14,567,560

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/18/2008	Applicant Identifier CA-04-0093
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-04-0093
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
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.	
City: West Covina		First Name: Gil	
County: Los Angeles		Middle Name	
State: CA		Last Name Victorio	
Zip Code 91791		Suffix: NA	
Country: USA		Email: gvictorio@foothilltransit.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4688218		Phone Number (give area code) (626) 931-7227	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> Now <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-500		9. NAME OF FEDERAL AGENCY: Federal Transit Authority	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Covina Park and Ride	
13. PROPOSED PROJECT Start Date: 01/01/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,29,32,38 & 42	
Ending Date: 12/31/2010		b. Project Same	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 9,046,393	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/18/2008	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 3,271,167	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 12,317,560		
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 06/18/2008		



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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

JUN 23 2008

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Lao Family Community Development, Inc.

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

94-3115164

* c. Organizational DUNS:

165427436

d. Address:

* Street1:

1551-23rd Avenue

Street2:

* City:

Oakland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94606

e. Organizational Unit:

Department Name:

N/A

Division Name:

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

Prefix:

Mr.

* First Name:

Chaosarn

Middle Name:

* Last Name:

Chao

Suffix:

Title:

President/ CEO

Organizational Affiliation:

Employee

* Telephone Number:

510-533-8850

Fax Number:

510-533-1516

* Email:

cchao@laofamilynet.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant_Discretionary Awards

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-EE-0024

* Title:

Community Economic Development Program Operational Projects

13. Competition Identification Number:

Title:

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

San Antonio Neighborhood in Oakland, California, Alameda County

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

San Antonio Neighborhood Resource Center Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-009

* b. Program/Project CA-009

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

17. Proposed Project:

* a. Start Date: 09/01/2008

* b. End Date: 05/31/2010

18. Estimated Funding (\$):

* a. Federal	700,000.00
* b. Applicant	300,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	6,231,310.00
* f. Program Income	0.00
* g. TOTAL	7,231,310.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/20/2008.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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: Chaosarn
Middle Name:
* Last Name: Chao
Suffix:

* Title: President/ CEO

* Telephone Number: 510-533-8850 Fax Number: 510-533-1516

* Email: cchao@laofamilynet.org

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

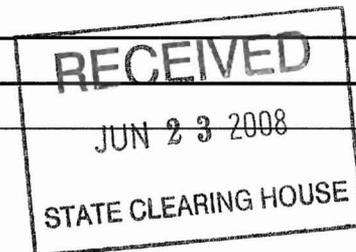
DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-04-0045-01
Budget Number:	2 - Budget Pending Approval
Project Information:	Electronic Signage and Parking Earm



Part 1: Recipient Information

Project Number:	CA-04-0045-01
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	

Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	

City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	1625 Massachusetts Ave., NW
Address 2:	Suite 700
City:	Washington, DC 00000 0000
Contact Name:	Robert Clayman
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	rclayman@geclaw.com
Website:	

Recipient ID:	5802
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION
Address 1:	1900 L Street NW
Address 2:	Suite 707
City:	Washington, DC 20036 0000
Contact Name:	Richard Edelman
Telephone:	(202) 898-1707
Facsimile:	(202) 429-8928
E-mail:	redelman@odsalaw.com
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Ave NW
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

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Recipient ID:	5802
Union Name:	SERVICE EMPLOYEES INTERNATIONAL UNION
Address 1:	1313 L Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-0937
E-mail:	
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	1125 15th Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Ray Cobb
Telephone:	(202) 833-7000
Facsimile:	(202) 728-6097
E-mail:	ray_cobb@ibew.org
Website:	

Recipient ID:	5802
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911

Facsimile:	(301) 330-7662
E-mail:	scardelletir@tcunion.org
Website:	

Recipient ID:	5802
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS
Address 1:	1370 Ontario Street
Address 2:	
City:	Cleveland, OH 44113 0000
Contact Name:	Don Hahs
Telephone:	(216) 241-2630
Facsimile:	(216) 241-6516
E-mail:	charvat@ble-t.org
Website:	

Recipient ID:	5802
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	520 S. Virgil Ave
Address 2:	Suite 208
City:	Los Angeles, CA 90020 0000
Contact Name:	Gordon Hubel
Telephone:	(213) 532-3730
Facsimile:	(213) 738-0857
E-mail:	ghubel@swcarpenters.org
Website:	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES` ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Rivera
Telephone:	(562) 437-7411
Facsimile:	(562) 435-3886
E-mail:	new.iam@verizon.net
Website:	

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS` ASSOCIATION
Address 1:	1100 Corporate Center Drive #2

Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	John Stites
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstites@ppoa.com
Website:	

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$475,475
Project Number:	CA-04-0045-01	Adjustment Amt:	\$0
Project Description:	Electronic Signage and Parking Earm	Total Eligible Cost:	\$475,475
Recipient Type:	Transit Authority	Total FTA Amt:	\$380,380
FTA Project Mgr:	Charlene Lee Lorenzo	Total State Amt:	\$0
Recipient Contact:	Kate Froemming	Total Local Amt:	\$95,095
New/Amendment:	Amendment	Other Federal	\$0

Amend Reason:	Increase Award	Amt:	
		Special Cond Amt:	\$0
Fed Dom Asst. #:	20500		
Sec. of Statute:	5309-2	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	-	S.C. Eff. Date:	None Specified
Recvd. By State:		Est. Oblig Date:	None Specified
EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	None Specified	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA
60420	RIVERSIDE--SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	26	David Dreier
6	29	Adam B Schiff
6	31	Xavier Becerra
6	32	Hilda L Solis
6	34	Lucille Roybal-Allard
6	38	Grace F Napolitano
6	41	Jerry Lewis
6	43	Joe Baca

Project Details

PROJECT DETAILS

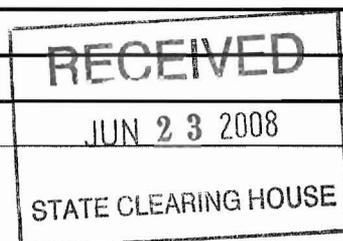
DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-05-0223-01
Budget Number:	2 - Budget Pending Approval
Project Information:	Rehab OCTA/SANBAG- SAFETEA-LU FFY 07



Part 1: Recipient Information

Project Number:	CA-05-0223-01
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	

Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	

City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	1625 Massachusetts Ave., NW
Address 2:	Suite 700
City:	Washington, DC 00000 0000
Contact Name:	Robert Clayman
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	rclayman@geclaw.com
Website:	

Recipient ID:	5802
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION
Address 1:	1900 L Street NW
Address 2:	Suite 707
City:	Washington, DC 20036 0000
Contact Name:	Richard Edelman
Telephone:	(202) 898-1707
Facsimile:	(202) 429-8928
E-mail:	redelman@odsalaw.com
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Ave NW
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

--	--

Recipient ID:	5802
Union Name:	SERVICE EMPLOYEES INTERNATIONAL UNION
Address 1:	1313 L Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	
Facsimile:	(216) 228-0937
E-mail:	
Website:	

Recipient ID:	5802
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	1125 15th Street NW
Address 2:	
City:	Washington, DC 20005 0000
Contact Name:	Ray Cobb
Telephone:	(202) 833-7000
Facsimile:	(202) 728-6097
E-mail:	ray_cobb@ibew.org
Website:	

Recipient ID:	5802
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911

Facsimile:	(301) 330-7662
E-mail:	scardellettir@tcunion.org
Website:	

Recipient ID:	5802
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS
Address 1:	1370 Ontario Street
Address 2:	
City:	Cleveland, OH 44113 0000
Contact Name:	Don Hahs
Telephone:	(216) 241-2630
Facsimile:	(216) 241-6516
E-mail:	charvat@ble-t.org
Website:	

Recipient ID:	5802
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	520 S. Virgil Ave
Address 2:	Suite 208
City:	Los Angeles, CA 90020 0000
Contact Name:	Gordon Hubel
Telephone:	(213) 532-3730
Facsimile:	(213) 738-0857
E-mail:	ghubel@swcarpenters.org
Website:	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Rivera
Telephone:	(562) 437-7411
Facsimile:	(562) 435-3886
E-mail:	new.iam@verizon.net
Website:	

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive #2

Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	John Stites
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstites@ppoa.com
Website:	

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	

Recipient ID:	5802
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$500,000
Project Number:	CA-05-0223-01	Adjustment Amt:	\$0
Project Description:	Rehab OCTA/SANBAG-SAFETEA-LU FFY 07	Total Eligible Cost:	\$500,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$400,000
FTA Project Mgr:	Charlene Lee Lorenzo	Total State Amt:	\$0
Recipient Contact:	Kate Froemming	Total Local Amt:	\$100,000
New/Amendment:	Amendment	Other Federal	\$0

Amend Reason:	Increase Award	Amt:	
		Special Cond Amt:	\$0
Fed Dom Asst. #:	20500		
Sec. of Statute:	5309-4	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	-	S.C. Eff. Date:	None Specified
Recvd. By State:		Est. Oblig Date:	None Specified
EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	None Specified	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA
60420	RIVERSIDE--SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	22	Kevin McCarthy
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received: _____		4. Applicant Identifier: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 24 2008 STATE CLEARING HOUSE </div>
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: Bell Gardens City of - Bell Gardens Police Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 952141830		* c. Organizational DUNS: 933452984
d. Address:		
* Street1:	7100 South Garfield Avenue	
Street2:	_____	
* City:	Bell Gardens	
County:	Los Angeles	
* State:	California	
Province:	_____	
* Country:	USA	
* Zip / Postal Code:	90201	
e. Organizational Unit:		
Department Name: Bell Gardens Police Department		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Bruce	
Middle Name: _____	_____	
* Last Name: Dow	_____	
Suffix: _____	_____	
Title: Lieutenant		
Organizational Affiliation: _____		
* Telephone Number: (562) 806-7694		Fax Number: (562) 806-6291
* Email: bdow@bgpd.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: C. City or Township Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U.S. Department of Justice Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: CFDA Title:	
* 12. Funding Opportunity Number: * Title: COPS-OTHERECH-2008-1	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Bell Gardens and Southeast area of Los Angeles County	
* 15. Descriptive Title of Applicant's Project: Interoperability Communications Project	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-034

* b. Program/Project: CA-034

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

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 12/31/2010

18. Estimated Funding (\$):

* a. Federal	187,060.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	187,060.00

*** 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 6/24/08
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

I AGREE

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: _____ * First Name: John

Middle Name: _____

* Last Name: Omelas

Suffix: _____

* Title: City Manager

* Telephone Number: (562) 806-7702

Fax Number: (562) 806-7709

* Email: jomelas@bellgardens.org

* Signature of Authorized Representative: 

* Date Signed: 6-24-08

Authorized for Local Reproduction

Fax to (661) 323-3018 Attn: Gra Coordinator

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">JUN 24 2008</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application Pre-application

Construction Construction

Non-Construction Non-Construction

5. APPLICANT INFORMATION

Legal Name: The Mutual Water Company of the Strickland Tract, CA Corp. # C-0271748	Organizational Unit: Department:
Organizational DUNS:	Division:
Address: Street: 4908 Strickland Drive	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Paul
City: Oxnard	Middle Name: Douglas
County: Ventura	Last Name: Wilvert
State: CA Zip Code: 93036	Suffix: Senior
Country: United States	Email:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-1879836

Phone Number (give area code): 805 647 7783

Fax Number (give area code): 805 647 7783

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)

Non-profit organization

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE (Name of Program):
Water and Waste Disposal Systems for Rural Communities

9. NAME OF FEDERAL AGENCY:
Rural Utilities Service, Department of Agriculture

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Mutual Water System repairs and replacement of end of life tanks, piping, etc., installation of metering, emergency power generator...

13. PROPOSED PROJECT

Start Date: August 1, 2008

Ending Date: December 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 23rd

b. Project: 23rd

15. ESTIMATED FUNDING:

a. Federal	\$	300,000
b. Applicant	\$	30,000
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$	330,000

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

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

DATE: June 23, 2008

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

a. Authorized Representative

Prefix: Mr.	First Name: Paul	Middle Name: Douglas
Last Name: Wilvert	Suffix: Senior	
b. Title: System Operator and Secretary	c. Telephone Number (give area code): 805 208 4974	d. Cell phone:
d. Signature of Authorized Representative: <i>Paul Wilvert</i>	e. Date Signed: June 22, 2008	

Attn: Grant Coordinator

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JUN 24 2008</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
B. APPLICANT INFORMATION:		
* a. Legal Name: <u>City of Monterey Park</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-6000747</u>	* c. Organizational DUNS: <u>868673260</u>	
d. Address:		
* Street1:	<u>320 West Newmark Avenue</u>	
Street2:	_____	
* City:	<u>Monterey Park</u>	
County:	<u>Los Angeles</u>	
* State:	<u>California</u>	
Province:	_____	
* Country:	<u>USA</u>	
* Zip / Postal Code:	<u>91754</u>	
e. Organizational Unit:		
Department Name: <u>Monterey Park Police Department</u>	Division Name: <u>Police Department</u>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr</u>	* First Name: <u>Eric</u>	
Middle Name:	_____	
* Last Name: <u>Kim</u>	_____	
Suffix:	_____	
Title: <u>Lieutenant</u>	_____	
Organizational Affiliation: <u>N/A</u>	_____	
* Telephone Number: <u>(626) 307-1243</u>	Fax Number: <u>(626) 307-1441</u>	
* Email: <u>eklm@montereypark.ca.gov</u>	_____	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: C) City or Township Government Type of Applicant 2: N/A Type of Applicant 3: N/A * Other (specify): N/A	
* 10. Name of Federal Agency: U.S. Department of Justice - Office of Community Orientated Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Technology Program (Tech)	
* 12. Funding Opportunity Number: COPS-OTHERECH-2008-1 * Title: 2008 Technology (Tech) Grant Program	
13. Competition Identification Number: N/A Title: N/A	
14. Areas Affected by Project (Cities, Counties, States, etc.): N/A	
* 15. Descriptive Title of Applicant's Project: Laptop Mobile Data Computers	
Attach supporting documents as specified in agency instructions. N/A	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-029 and CA-032	* b. Program/Project: CA-029 and CA-032
Attach an additional list of Program/Project Congressional Districts if needed. N/A	
17. Proposed Project:	
* a. Start Date: 01/01/2009	* b. End Date: 12/01/2009
18. Estimated Funding (\$):	
* a. Federal	233,825.00
* b. Applicant	_____
* c. State	_____
* d. Local	48,540.00
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	282,365.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/24/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: _____ Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: Mr	* First Name: Eric
Middle Name: _____	_____
* Last Name: Kim	_____
Suffix: _____	_____
* Title: Lieutenant	
* Telephone Number: (626) 307-1243	Fax Number: (626) 307-1441
* Email: ekim@montereypark.ca.gov	
* Signature of Authorized Representative: 	* Date Signed: 06/24/2008

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: <input type="text"/>		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg);"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">JUN 24 2008</p> <p style="text-align: center;">STATE CLEARING HOUSE</p> </div>
5a. Federal Entity Identifier: <input type="text"/>		
5b. Federal Award Identifier: <input type="text"/>		
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Community Equity Partners, Inc"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4752278		* c. Organizational DUNS: <input type="text" value="147359249"/>
d. Address:		
* Street1: <input type="text" value="1612 Maple Hill Road"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="Diamond Bar"/>		
County: <input type="text" value="Los Angeles"/>		
* State: <input type="text" value="CA"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="91765"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="Economic Development"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: <input type="text" value="Samuel"/>
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Hughes"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Director"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="909-843-6426"/>		Fax Number: <input type="text" value="909-843-6423"/>
* Email: <input type="text" value="shughes324@earthlink.net"/>		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M. non profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DHHS-ACF/OCS

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Service Block Grant-Discretionary Awards

*** 12. Funding Opportunity Number:**

HHS-2008-ACF-OCS-EE-0024

* Title:

Discretionary

13. Competition Identification Number:

Title:

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

Los Angeles County, California

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

Business Investment Partnership

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant 32nd * b. Program/Project 33rd

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

17. Proposed Project:
* a. Start Date: 01/02/2009 * b. End Date: 01/02/2012

18. Estimated Funding (\$): 600,000
* a. Federal \$450,000
* b. Applicant
* c. State
* d. Local
* e. Other \$150,000
* f. Program Income
* g. TOTAL \$600,000

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on 6-24-08
 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.

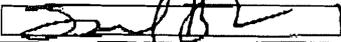
Authorized Representative:

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

* Title: Director

* Telephone Number: 909-843-6426 Fax Number: 909-843-6423

* Email: ahughes324@earthlink.net

* Signature of Authorized Representative:  * Date Signed: 06/24/2008

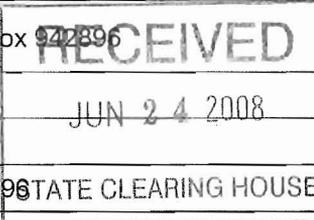
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01668

5. APPLICANT INFORMATION

Legal Name: State of California		Organizational Unit: Department: Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Planning Division	
Address: Street: 1416 9th Street, Rm. 108, P.O.Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Patti	
City: Sacramento		Last Name: Keating	
County: Sacramento		Suffix:	
State: Zip Code 94296		Email: pkeating@parks.ca.gov	
Country:		Phone Number (give area code) (916) 651-8597	
		Fax Number (give area code) (916) 653-6511	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
---	--	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
---	--	---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation of prior CORP Program & Strategic Plan for future CORP Program Development	
--	--	---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project	
---	--	---	--

13. PROPOSED PROJECT Start Date: 11/01/2008 Ending Date: 02/28/2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/24/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
---	--	--	--

15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 68,250.00		
b. Applicant	\$		
c. State	\$ 68,250.00		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 136,500.00		

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

a. Authorized Representative Prefix: First Name: Patti Middle Name: Last Name: Keating		c. Telephone Number (give area code) (916) 651-8597	
b. Title: Chief, Division of Grants and Local Services		e. Date Signed: 6/24/08	
d. Signature of Authorized Representative: <i>Patti Keating</i>			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01666
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Planning Division	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: PO Box 942896		Prefix:	First Name: Patti
City: Sacramento		Middle Name	
County: Sacramento		Last Name Keating	
State: California	Zip Code 94296-0001	Suffix:	
Country:		Email: pkeating@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
---	--	---	---

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

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LWCF Planning Grant: Statewide Trails Research and Planning
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916
--

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

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 05/31/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project Statewide
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 37,700.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/24/2008
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 37,700.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 75,400.00	

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

a. Authorized Representative		c. Telephone Number (give area code) (916) 651-8597	
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief, Office of Grants and Local Services		e. Date Signed 6/24/08	
d. Signature of Authorized Representative <i>Patti Keating</i>			

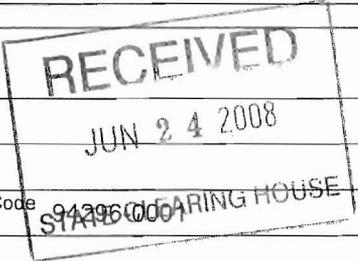
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01605

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Park and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California Zip Code: 94296		Middle Name	
Country: USA		Last Name Ettinger	
		Suffix:	
		Email: betti@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision if Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Oroville SRA, Oroville Dam Upper Overlook Trail Department of Water Resources 460 Glen Drive Oroville, CA 95966 Sacramento, CA 95814	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-54386			

13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 02	
---	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 140,976.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/24/2008	
b. Applicant	\$ 9,223.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 181,501.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 331,700.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/24/08	

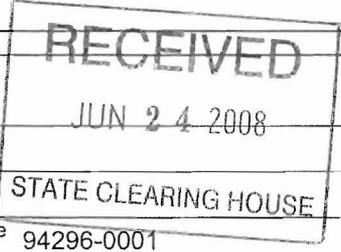
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01665

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Avila Ranch Acquisition Wildlife Conservation Board 1807 13th Street, Suite 103 Sacramento, CA 95814	
--	--	---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-255343		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 23	
---	--	---	--

13. PROPOSED PROJECT Start Date: Ending Date:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/12/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
---	--	--	--

15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	876,346.00	
b. Applicant	\$	57,331.00	
c. State	\$	24,746,323.00	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	25,680,000.00	

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

a. Authorized Representative Prefix Ms. First Name Patti Middle Name	
Last Name Keating Suffix	
b. Title Chief c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative e. Date Signed 6/24/08	

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

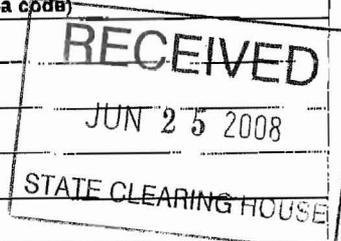
1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier
		4. Federal Identifier DE-FC02-06ER54860	
6. APPLICANT INFORMATION			
		* Organizational DUNS: 046705649	
* Legal Name: Regents of the University of California			
Department: Sponsored Projects		Division: Office of Research Admin.	
* Street1: 300 University Tower		Street2:	
* City: Irvine		County: Orange	* State: CA: Califon
Province:		* Country: UNITED ST	* ZIP / Postal Code: 92697-7600
Person to be contacted on matters involving this application			
Prefix:		* First Name: Judith	Middle Name:
		* Last Name: Aguirre	Suffix:
* Phone Number: 949-824-0446		Fax Number: 949-824-2094	Email: judith.aguirre@ucl.edu
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-222-6406		7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049	
What other Agencies?		TITLE: Office of Science Financial Assistance Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Center for Plasma Edge Simulation			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) International			
13. PROPOSED PROJECT: * Start Date 01/15/2009 * Ending Date 01/14/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-048 b. Project CA-048	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Dr.		* First Name: Zhihong	Middle Name:
		* Last Name: Lin	Suffix: PhD
Position/Title: Assoc. Professor and PI		* Organization Name: Regents of the University of California	
Department: Physics & Astronomy		Division: Physical Sciences	
* Street1: 4129 Frederick Reines Hall		Street2:	
* City: Irvine		County: Orange	* State: CA: Califon
Province:		* Country: UNITED ST	* ZIP / Postal Code: 92697-4575
* Phone Number: 949-824-2717		Fax Number: 949-824-2174	Email: zhihongl@ucl.edu

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JUN 24 2008
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2008	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California State Coastal Conservancy		Organizational Unit: Department:	
Organizational DUNS: 808322408		Division:	
Address: Street: 1330 Broadway, Suite 1300		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Christopher	
City: Oakland		Middle Name	
County: Alameda		Last Name Kroll	
State: California	Zip Code 94612	Suffix:	
Country: United State		Email: ckroll@scc.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968		Phone Number (give area code) 510 286 4169	Fax Number (give area code) 510 286 0470
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-614		9. NAME OF FEDERAL AGENCY: Fish and Wildlife Service	
TITLE (Name of Program): National Coastal Wetlands Conservation Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Colorado Lagoon Restoration Project - Phase I	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Long Beach, Los Angeles County, California		13. PROPOSED PROJECT Start Date: 1/2/2009 Ending Date: 1/2/2011	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-009 b. Project CA-046		15. ESTIMATED FUNDING:	
a. Federal	\$	1,900,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 27, 2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$		
c. State	\$	4,102,451	
d. Local	\$	1,025,785	
e. Other	\$	196,762	
f. Program Income	\$		
g. TOTAL	\$	7,224,998	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Samuel		First Name: Samuel Middle Name:	
Last Name: Schuchat		Suffix:	
b. Title: Executive Officer		c. Telephone Number (give area code): 510 286 1015	
d. Signature of Authorized Representative:		e. Date Signed:	



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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 06/24/08	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY N/A: New	Federal Identifier 1657

5. APPLICANT INFORMATION

Legal Name: City of Montebello	Organizational Unit: Department of Transportation
Organizational DUNS: 66677386	Department: Department of Transportation
Address: Street: 400 South Taylor Ave.	Division: N/A
City: Montebello	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Los Angeles	Prefix: N/A
State: California	First Name: Miriam
Zip Code: 90640	Middle Name: N/A
Country:	Last Name: Quiros
	Suffix: N/A
	Email: mquiros@cityofmontebello.com
	Phone Number (give area code): (323) 887-4625
	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

9. NAME OF FEDERAL AGENCY:
Federal Transportation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-500 20-9-0-9
TITLE (Name of Program): Federal Transit - Capital Investment Grants (A, B)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The Clean Fuel Bus Replacement Purchase project will replace 39 buses that have exceeded their useful life (12 yrs. or older) as defined by the FTA, in addition to 1 expansion bus making the total bus purchase of 40. The new hybrid gasoline electric buses will enhance our current service by providing our patrons with more reliable and environmentally friendly service

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

13. PROPOSED PROJECT
Start Date: May 01, 2008 Ending Date: December 31, 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Montebello:38 Grace Napolitano b. Project:

15. ESTIMATED FUNDING:

a. Federal	\$ 273,698
b. Applicant	\$ 0
c. State	\$ 0
d. Local	\$ 30,411
e. Other	\$ 0
f. Program Income	\$ 0
g. TOTAL	\$ 304,109

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: 6/24/08
 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: N/A	First Name: Miriam	Middle Name: N/A
Last Name: Quiros	Suffix: N/A	
b. Title: Management Analyst	c. Telephone Number (give area code): (323) 887-4625	
d. Signature of Authorized Representative: <i>Miriam Quiros</i>	e. Date Signed: 6/24/08	

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Reset Form

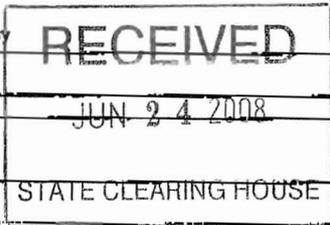
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 25, 2008	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE NA	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California State Coastal Conservancy		Organizational Unit: Department:	
Organizational DUNS: 808322406		Division:	
Address: Street: 1330 Broadway, 13th floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland		Prefix: Dr.	First Name: Joel
County: Alameda		Middle Name: Benjamin	
State: CA		Last Name: Gerwein	
Zip Code: 94612	Suffix:		
Country: USA		Email: jgerwein@scc.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968		Phone Number (give area code) 510-286-4170	Fax Number (give area code) 510-286-0470
--	--	---	---

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

9. NAME OF FEDERAL AGENCY: US Fish and Wildlife Service	
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): National Coastal Wetlands Conservation Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lower Redwood Creek Wetland Restoration Project	
--	--	--	--

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

13. PROPOSED PROJECT Start Date: January 1, 2009 Ending Date: December 31, 2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Barbara Lee, CA #9 b. Project: Lynn Woolsey, CA #6	
---	--	--	--

16. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,101,820	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/52/2008	
b. Applicant	\$ 1,000,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 578,581	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 3,840,599		
f. Program Income	\$ 0		
g. TOTAL	\$ 11,319,000		

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

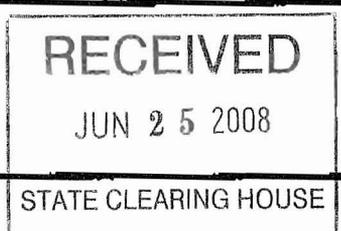
a. Authorized Representative		
Prefix Mr.	First Name Neal	Middle Name
Last Name Fishman		Suffix
b. Title Deputy Executive Officer		c. Telephone Number (give area code) 510-286-1015
d. Signature of Authorized Representative		e. Date Signed

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

Application for Federal Assistance SF-424 Version 02

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



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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 956000712
---------------------------------------	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Corona	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000697	* c. Organizational DUNS: 088513155

d. Address:

* Street1:	400 South Vicentia Ave
Street2:	
* City:	Corona
County:	Riverside
* State:	CA
Province:	
* Country:	United States
* Zip / Postal Code:	92882

e. Organizational Unit: City of Corona, Corona Police Department

Department Name: Corona Police Department	Division Name: Information Technology
---	---

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

Prefix: Ms.	* First Name: Sharon
Middle Name:	
* Last Name: McBride	
Suffix:	
Title: Accounting Grants Specialist	

Organizational Affiliation:
City of Corona Police Department

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

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

City Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U.S. Department of Justice, Office of Community Oriented Policing

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS_OTHERTECH_2008-1

*** 12. Funding Opportunity Number:**

16.710

* Title:

COPS_OTHERTECH_2008-1

13. Competition Identification Number:

Title:

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

City of Corona

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

City of Corona Public Safety Wireless Network

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 44

* b. Program/Project: 44

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

17. Proposed Project:

* a. Start Date: 12/26/2007

* b. End Date: 12/25/2010

18. Estimated Funding (\$):

* a. Federal	<u>172,095.20</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>172,095.20</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

Prefix: _____ * First Name: Beth
Middle Name: _____
* Last Name: Groves
Suffix: _____

* Title: City Manager

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

* Email: Beth.Groves@cl.corona.ca.us

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

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </p>		
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission. </p>		<p>4. Applicant Identifier: <input type="text"/> </p>
<p>5a. Federal Entity Identifier: <input type="text"/> </p>		<p>* 5b. Federal Award Identifier: <input type="text"/> </p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/> City of Modesto Police Department</p>		<p>RECEIVED JUN 26 2008 STATE CLEARING HOUSE</p>
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-6000374 </p>		
<p>* c. Organizational DUNS: <input type="text"/> 1529745440000 </p>		
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 600 Tenth Street</p>		
<p>Street2: <input type="text"/> PO Box 1746</p>		
<p>* City: <input type="text"/> Modesto</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 95354-3506</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/> Police Department</p>		<p>Division Name: <input type="text"/> Administration</p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/> Mrs.</p>		<p>* First Name: <input type="text"/> Karen</p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> Rabb</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Administrative Analyst</p>		
<p>Organizational Affiliation: <input type="text"/> </p>		
<p>* Telephone Number: <input type="text"/> (209) 572-9523</p>		<p>Fax Number: <input type="text"/> (209) 572-9669</p>
<p>* Email: <input type="text"/> zrabbk@modestopd.com</p>		

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
66.604	
CFDA Title:	
Environmental Justice Small Grant Program	
* 12. Funding Opportunity Number:	
EPA-ORCA-ORJ-08-01	
* Title:	
ENVIRONMENTAL JUSTICE SMALL GRANTS PROGRAM	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Neighborhood River Watch Demonstration Program	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
<input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424 Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,000.00"/>

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name: Ettinger	
Zip Code: 94296-0007	Suffix:		
Country: USA	Email: betti@parks.ca.gov		



6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-68084	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oyster Bay Turf Development East Bay RPD
--	---

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 13
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 173,875.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008
b. Applicant \$ 11,375.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 162,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 347,750.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

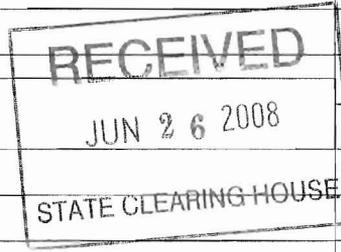
Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code: 94296-0001
Country: USA

Organizational Unit: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:
Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Corona
Corona Stagecoach Park Development
Stagecoach Dr and Corydon Ave
Corona CA 92880

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-16350

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 44

15. ESTIMATED FUNDING:

a. Federal	\$	187,250.00
b. Applicant	\$	12,250.00
c. State	\$	
d. Local	\$	175,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	374,500.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 06/26/2008
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 Ms. First Name Patti Middle Name
Last Name Keating Suffix

b. Title Chief c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative *Patti Keating* e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2008 STATE CLEARING HOUSE </div>		Division: Office of Grants and Local Services
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty
City: Sacramento	Middle Name		Last Name: Ettinger
County: Sacramento	State: California Zip Code: 94296-0001		Suffix:
Country: USA	Country: USA		Email: betti@parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code): (916) 651-8174	Fax Number (give area code): (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-92640		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Riverside, Parks and Recreation Arlington Heights Sports Complex Picnic Area Development 2547 Van Buren Blvd. Riverside CA	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 42	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 153,736.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 10,058.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 143,679.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 307,473.00	a. Authorized Representative	
		Prefix Ms. First Name Patti	Middle Name
		Last Name Keating	Suffix
		b. Title Chief	c. Telephone Number (give area code) (916) 653-7423
		d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		Suffix:
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-40704		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Lathrop Valverde Park Amphitheatre Development 15557 Fifth Street Lathrop, CA 95330	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 18	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 107,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 7,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 100,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 214,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Ms.	First Name: Patti	Middle Name	
Last Name: Keating		Suffix	
b. Title: Chief	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed: 6/25/08		

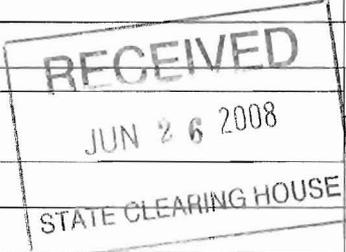
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA		Suffix:	
		Email: betti@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-82996	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Vista City Sports Park Nature Trail Development 500 Museum Way Vista CA 92083

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 49
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 80,373.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008
b. Applicant \$ 42,542.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 607,745.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 730,660.00	

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

a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

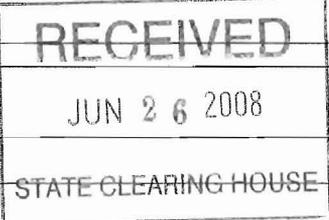
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA		Suffix:	
Email: betti@parks.ca.gov		Phone Number (give area code): (916) 651-8174	
Fax Number (give area code): (916) 653-6511			



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Orange Southern Pacific Railroad Right-of-Way Trail Sec. Dev. 368 N. Prospect Ave. Orange, CA 92869	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-53980		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 40	

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 243,960.00		
b. Applicant	\$ 15,960.00		
c. State	\$		
d. Local	\$ 228,000.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 487,920.00		

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

a. Authorized Representative		
Prefix: Ms.	First Name: Patti	Middle Name:
Last Name: Keating		Suffix:
b. Title: Chief	c. Telephone Number (give area code): (916) 653-7423	
d. Signature of Authorized Representative: <i>Patti Keating</i>	e. Date Signed: 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code: 95826	Suffix:		
Country: USA	Email: betti@parks.ca.gov		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-11446		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Carpinteria Carpinteria Bluff Nature Preserve Land Acquisition Carpinteria Avenue at Bailard Avenue Carpinteria, CA 93013	
---	--	---	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 23	
---	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 214,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 21,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 300,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 535,000.00		

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name: Ettinger	
Zip Code: 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Sacramento Southside Park Group Picnic Area Renovation 2115 6th Street Sacramento CA 95814
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-64000	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 05
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13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
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a. Federal \$ 142,985.00	b. Applicant \$ 9,354.00
c. State \$	d. Local \$ 133,631.00
e. Other \$	f. Program Income \$
g. TOTAL \$ 285,970.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative 		e. Date Signed 6/25/08

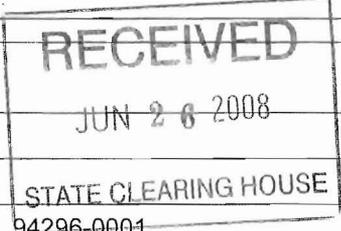
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA		Suffix:	
		Email: betti@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Santa Ana Santiago Park Picnic Area Development 2535 N. Main Street Santa Ana CA 92706	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-69000			

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 47	
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15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 160,490.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 13,345.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 190,500.00		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 364,335.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08

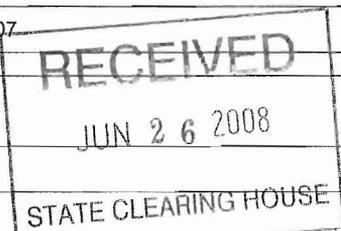
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code: 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-92300		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Feather River RPD Martin Luther King, Jr. Park Development 2921 B Street Oroville CA 95965	
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13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 04	
--	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 80,411.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 5,261.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 75,150.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 160,822.00		

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

a. Authorized Representative Prefix Ms. First Name Patti Middle Name	
Last Name Keating Suffix	
b. Title Chief c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i> e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA	Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-19192		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Diamond Bar Summitridge Park Trailhead Development 1425 Summitridge Diamond Bar CA 91765	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 41	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 120,999.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 7,917.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 113,083.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 241,999.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

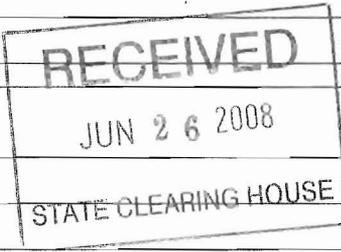
Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code: 94296-0001
Country: USA

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:

Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
Fax Number (give area code): (916) 653-6511

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Conejo RPD
Northwood Park Phase 1 Development
3620 Avenida Verano
Thousand Oaks CA 91360

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-78582

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 24

15. ESTIMATED FUNDING:

a. Federal	\$	128,400.00
b. Applicant	\$	8,400.00
c. State	\$	
d. Local	\$	120,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	256,800.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name:
Last Name Keating Suffix:
b. Title Chief c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative: *Patti Keating* e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code: 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0303606

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-916

TITLE (Name of Program): Land & Water Conservation Fund

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

06-69000

13. PROPOSED PROJECT

Start Date: Ending Date: 06/30/2012

15. ESTIMATED FUNDING:

a. Federal	\$	213,974.00
b. Applicant	\$	15,952.00
c. State	\$	
d. Local	\$	200,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	429,926.00

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

a. Authorized Representative

Prefix Ms.	First Name Patti	Middle Name
Last Name Keating	Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

Previous Edition Usable
Authorized for Local Reproduction

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

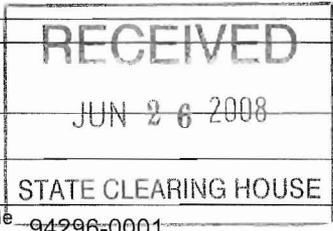
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty
City: Sacramento	Middle Name
County: Sacramento	Last Name: Ettinger
State: California Zip Code: 94296-0001	Suffix:
Country: USA	Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Victorville
Doris Davies Park New Picnic Area Development
16305 Hughes Road
Victorville CA 92395

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-82590

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 25

15. ESTIMATED FUNDING:

a. Federal	\$	125,586.00
b. Applicant	\$	8,216.00
c. State	\$	
d. Local	\$	117,370.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	251,172.00

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: 06/26/2008
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 Ms.	First Name Patti	Middle Name
Last Name Keating	Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: California - Department of Parks and Recreation		Department: California Department of Parks and Recreation		
Organizational DUNS: 172070807	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>JUN 26 2008</p> <p>STATE CLEARING HOUSE</p> </div>	Division: Office of Grants and Local Services	Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: PO Box 942896		Prefix: Ms.		First Name: Betty
City: Sacramento		Middle Name	Last Name Ettinger	
County: Sacramento		State: California	Zip Code 94296-0001	Suffix:
Country: USA	Email: betti@parks.ca.gov			

6. EMPLOYER IDENTIFICATION NUMBER (EIN):	Phone Number (give area code)	Fax Number (give area code)
68-0303606	(916) 651-8174	(916) 653-6511

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
15-916	North of the River RPD
TITLE (Name of Program): Land & Water Conservation Fund	Polo Community Park Picnic, Playground, Water Play Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	11801 Noriega Road
06-90180	Bakersfield CA 93312

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date:	a. Applicant 03
Ending Date: 06/30/2012	b. Project 22

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 157,226.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 22,954.00	DATE: 06/26/2008
c. State \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ 327,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 507,180.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating	Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-		
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation		
Organizational DUNS: 172070807		Division: Office of Grants and Local Services		
Address: Street: PO Box 942896		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2008 STATE CLEARING HOUSE </div>		
City: Sacramento				
County: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty		
State: California Zip Code: 94296-0001		Middle Name		
Country: USA		Last Name Ettinger		
		Suffix:		
		Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-68000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of Santa Clara Coyote Creek Parkway County Park Trail Development Silicon Valley Boulevard to Metcalf Road San Jose, CA 95138		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 11		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 575,821.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008		
b. Applicant	\$ 37,671.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 538,150.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 1,151,642.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.		First Name Patti		Middle Name
Last Name Keating		Suffix		
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

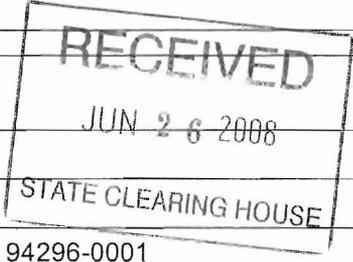
Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code: 94296-0001
Country: USA

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name
Last Name: Ettinger
Suffix:
Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
Fax Number (give area code): (916) 653-6511

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Lindsay
Olive Bowl Park Picnic Arbor Development
W. side of Olive Ave between Apia & Hermosa
Lindsay, CA 93247

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-41712

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 21

15. ESTIMATED FUNDING:

a. Federal	\$	99,055.00
b. Applicant	\$	6,481.00
c. State	\$	
d. Local	\$	92,575.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	198,111.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name
Last Name Keating Suffix
b. Title Chief c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Country: USA		Suffix:	
Zip Code 94296-0001		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-48816		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Montebello Holifield Park Outdoor Recreation & Security Lighting 1060 S. Greenwood Avenue Montebello, CA 90640	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 38	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 213,995.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 14,145.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 202,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 430,140.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: Street: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code: 94296-0001
Country: USA

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:
Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
Fax Number (give area code): (916) 653-6511

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):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Riverside, Parks and Recreation
Hunter Hobby Park Picnic Shelters Development
1400 Iowa Avenue
Riverside, CA 92507

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-62000

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 45

15. ESTIMATED FUNDING:

a. Federal	\$	156,337.00
b. Applicant	\$	10,228.00
c. State	\$	
d. Local	\$	146,110.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	312,675.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name
Last Name Keating Suffix
b. Title Chief
c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative *Patti Keating*
e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

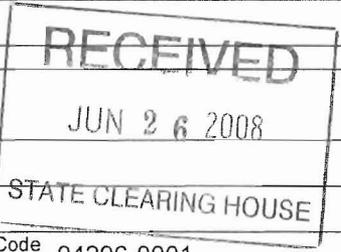
Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code 94296-0001
Country: USA

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:

Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Encinitas
Leo Mullen Sports Park
951 Via Contebria
Encinitas, CA 92024

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-22678

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 50

15. ESTIMATED FUNDING:

a. Federal	\$	374,500.00
b. Applicant	\$	24,500.00
c. State	\$	
d. Local	\$	350,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	749,000.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name
Last Name Keating Suffix
b. Title Chief c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative *Patti Keating* e. Date Signed 6/25/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

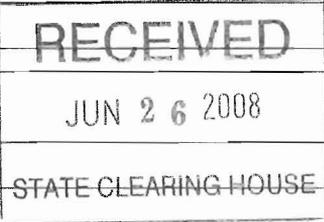
Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code: 94296-0001
Country: USA

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:
Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Calimesa
Calimesa 4th Street Neighborhood Park Acquisition
990 4th Street
Calimesa; CA 92320

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-09864

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 41

15. ESTIMATED FUNDING:

a. Federal	\$	160,500.00
b. Applicant	\$	73,500.00
c. State	\$	
d. Local	\$	1,050,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,284,000.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name
Last Name Keating Suffix
b. Title Chief
c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative *Patti Keating*
e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-	
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-83542		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Wasco Annin Avenue Recreation Park Development Annin Avenue & Gromer Avenue Wasco, CA 93280	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 20	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 106,442.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 12,131.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 172,970.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 291,543.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms. First Name Patti		Middle Name	
Last Name Keating		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California - Department of Parks and Recreation		Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: PO Box 942896		Prefix: Ms.	First Name: Betty
City: Sacramento		Middle Name	
County: Sacramento		Last Name: Ettinger	
State: California		Suffix:	
Zip Code: 94296-0001		Email: betti@parks.ca.gov	
Country: USA		Phone Number (give area code)	Fax Number (give area code)
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		(916) 651-8174	(916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-03386		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Azusa Zacatecas Park Picnic Facilities Development 924 W. First Street Azusa, CA 91702	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 32	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 80,250.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 5,250.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 75,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 160,500.00		
a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		
Country: USA	Suffix:		
Email: betti@parks.ca.gov			

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41936	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Live Oak Live Oak Memorial Park Improvement 10140 O Street Live Oak, CA 95953

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 02
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 110,521.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008
b. Applicant \$ 7,231.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 103,291.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 221,043.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier			
3. DATE RECEIVED BY STATE		State Application Identifier					
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-					
5. APPLICANT INFORMATION							
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation					
Organizational DUNS: 172070807		Division: Office of Grants and Local Services					
Address: Street: PO Box 942896		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2008 STATE CLEARING HOUSE </div>					
City: Sacramento					Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Sacramento					Prefix: Ms. First Name: Betty		
State: California Zip Code: 94296-0001					Middle Name		
Country: USA		Last Name: Ettinger					
Email: betti@parks.ca.gov		Suffix:					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-02364		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Town of Apple Valley Civic Center Park Development 14999 Dale Evans Parkway Apple Valley, CA 92307					
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 40					
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal	\$ 251,022.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008					
b. Applicant	\$ 16,422.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372					
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
d. Local	\$ 234,600.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
g. TOTAL	\$ 502,044.00	a. Authorized Representative					
Prefix Ms. First Name Patti		Middle Name					
Last Name Keating		Suffix					
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423					
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08					

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California
Country: USA

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:

Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
Fax Number (give area code): (916) 653-6511

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Huntington Park
Salt Lake Park Irrigation System Development
3401 E. Florence Avenue
Huntington Park, CA 90255

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-36056

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 34

15. ESTIMATED FUNDING:

a. Federal	\$	240,750.00
b. Applicant	\$	15,750.00
c. State	\$	
d. Local	\$	225,000.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	481,500.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 06/26/2008
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 Ms. First Name Patti Middle Name
Last Name Keating Suffix

b. Title Chief

c. Telephone Number (give area code) (916) 653-7423

d. Signature of Authorized Representative *Patti Keating* **e. Date Signed** 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-25380		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Fountain Valley Fountain Valley Corridor Park Development 8620 El Lago Avenue Fountain Valley CA 92708	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 46	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 95,765.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 6,265.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 89,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 191,530.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

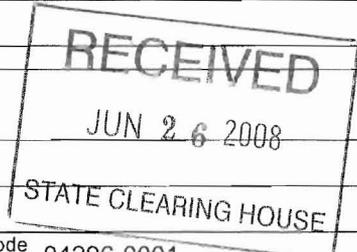
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit:
Organizational DUNS: 172070807	Department: California Department of Parks and Recreation
Address: PO Box 942896	Division: Office of Grants and Local Services
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: Ms. First Name: Betty
State: California Zip Code 94296-0001	Middle Name
Country: USA	Last Name Ettinger
	Suffix:
	Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15-916
 TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 City of Fullerton
 Laguna Lake Park & Trail Project - Phase III
 Development
 3054 Lakeview Drive
 Fullerton CA 92835

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 06-28000

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

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 03 b. Project 40

15. ESTIMATED FUNDING:

a. Federal	\$	231,304.00
b. Applicant	\$	16,021.00
c. State	\$	
d. Local	\$	216,210.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	463,535.00

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: 06/26/2008
 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 Ms.	First Name Patti	Middle Name
Last Name Keating	Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative	e. Date Signed 6/25/08	

Patti Keating

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-size: 18px; font-weight: bold;">JUN 26 2008</div> <div style="border: 1px solid black; padding: 2px; font-size: 14px; font-weight: bold;">STATE CLEARING HOUSE</div>	
City: Sacramento			
County: Sacramento			
State: California	Zip Code: 94296-0001		
Country: USA			
		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name: Last Name: Ettinger Suffix:	
		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
--	--	---	---

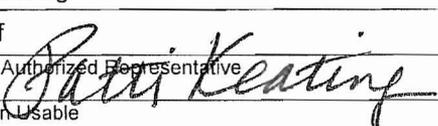
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-40130		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Roasmond CSD Felsite Development of Outdoor Recreation Areas Development Knox Ave, Howard St Lancaster CA 93560	

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 22	
---	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 520,122.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 34,026.00		
c. State	\$		
d. Local	\$ 486,095.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,040,243.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative 		e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation		Organizational Unit:		
		Department: California Department of Parks and Recreation		
Organizational DUNS: 172070807	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">JUN 26 2008</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Division: Office of Grants and Local Services		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: PO Box 942896		Prefix: Ms.	First Name: Betty	
City: Sacramento		Middle Name		
County: Sacramento	Last Name Ettinger			
State: California	Zip Code 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-36672		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: East Bay Municipal Utility District Porcupine Point Recreation Improvements 4900 Stoney Creek Road Ione CA 95640		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 03		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 96,300.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008		
b. Applicant	\$ 6,300.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 90,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 192,600.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Patti	Middle Name		
Last Name Keating			Suffix	
b. Title Chief			c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative	e. Date Signed 6/25/08			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Ettinger		Suffix:
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15 - 916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-02868		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Arroyo Grande Meadow Creek Path Connection Development James Way and Oak Park Blvd. Arroyo Grande CA 93420	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 22	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 27,436.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 1,795.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 25,641.00		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 54,872.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating	Suffix		
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-	
Legal Name: California - Department of Parks and Recreation			Organizational Unit:		
Organizational DUNS: 172070807			Department: California Department of Parks and Recreation		
Address: Street: PO Box 942896			Division: Office of Grants and Local Services		
City: Sacramento			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Sacramento			Prefix: Ms. First Name: Betty		
State: California Zip Code 94296-0001			Middle Name		
Country: USA			Last Name Ettinger		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Email: betti@parks.ca.gov		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Phone Number (give area code) (916) 651-8174		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund			Fax Number (give area code) (916) 653-6511		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-58380			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
15. ESTIMATED FUNDING:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Town of Portola Valley Sausal Creek Daylighting Development 765 Portola Road Portola Valley CA 94028		
a. Federal \$ 266,537.00			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 14		
b. Applicant \$ 20,563.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
c. State \$			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008		
d. Local \$ 280,000.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ 567,100.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Patti		Middle Name	
Last Name Keating				Suffix	
b. Title Chief				c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative				e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California - Department of Parks and Recreation		Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807	RECEIVED JUN 26 2008 STATE CLEARING HOUSE	Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California	Zip Code: 94296-0001	Last Name: Ettinger	
Country: USA		Suffix:	
		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-87042	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Yucaipa Wildwood Park Renovation Project SE Corner of Mesa Grande Dr & Wildwood Yucaipa CA 92399

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 41
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 94,160.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008
b. Applicant \$ 13,840.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 320,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 428,000.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

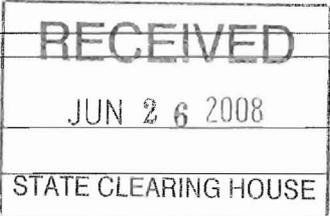
Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California
Country: USA

Zip Code: 94296-0001

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:
Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
Fax Number (give area code): (916) 653-6511

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of San Marino
Thurnher House Picnic Area Development
1485 Virginia Road
San Marino CA 91108

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-68224

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 26

15. ESTIMATED FUNDING:

a. Federal	\$	42,637.00
b. Applicant	\$	14,268.00
c. State	\$	
d. Local	\$	201,500.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	258,405.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name:
Last Name Keating Suffix:
b. Title Chief c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative: *Patti Keating* e. Date Signed 6/25/08

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:

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:

Victor Valley Community Dental Service Program

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

33-0858710

* c. Organizational DUNS:

780417189

d. Address:

* Street1:

14357 Seventh St.

Street2:

* City:

Victorville

County:

San Bernardino

* State:

CA

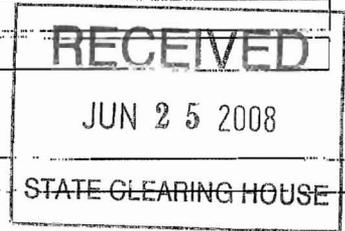
Province:

* Country:

USA

* Zip / Postal Code:

92392-4209



e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr

* First Name:

John

Middle Name:

Francis

* Last Name:

Lindsay

Suffix:

Title:

Executive Director

Organizational Affiliation:

* Telephone Number:

760 951 9181

Fax Number:

760 951 9308

* Email:

johnlindsay88@msn.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA 041

* b. Program/Project CA 041
CA 025

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

17. Proposed Project:

* a. Start Date: 8/07

* b. End Date: 8/10

18. Estimated Funding (\$):

* a. Federal	<u>75,000</u>
* b. Applicant	<u>1,000</u>
* c. State	
* d. Local	<u>1,000 in kind</u>
* e. Other	<u>2,000 in kind</u>
* f. Program Income	
* g. TOTAL	<u>79,000</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/25/08.
- 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 216, 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: John
 Middle Name: Francis
 * Last Name: Lindsay
 Suffix:

* Title: Executive Director

* Telephone Number: 760 951 9181 Fax Number: 6760 951 9308

* Email: john.lindsay88@msn.com

* Signature of Authorized Representative: John T. Lindsay * Date Signed: 6/25/08

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0100
Budget Number:	1 - Budget Pending Approval
Project Information:	Acquisition of CNG buses

RECEIVED
 JUN 26 2008
 STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-04-0100
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	cheryl@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	LINDA VILLEGAS-FIRTH
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	linda@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	MARSHA STEINBERG
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	marsha@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 CHERRY AVENUE
Address 2:	
City:	LONG BEACH, CA 90807
Contact Name:	CHESTER MORDASINI
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	CMordasini@teamsters911.com
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3888 CHERRY AVENUE
Address 2:	
City:	LONG BEACH, CA 90807
Contact Name:	WILLIAM DAVIS
Telephone:	(562) 595-4518

Address 2:

City: LOS ANGELES, CA 90012
 Contact Name: MICHAEL WINSTON
 Telephone: (213) 922-7324
 Facsimile: (213) 922-7088
 E-mail: olivianr1315@msn.com
 Website:

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	ONE GATEWAY PLAZA, MS 99-11-13
Address 2:	
City:	LOS ANGELES, CA 90012
Contact Name:	FREDDIE FLORES
Telephone:	(213) 922-7324
Facsimile:	(213) 922-7088
E-mail:	olivianr1315@msn.com
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	ONE GATEWAY PLAZA, MS 99-11-13
Address 2:	
City:	LOS ANGELES, CA 90012
Contact Name:	LA VETTE WADE
Telephone:	(213) 922-7324
Facsimile:	(213) 922-7088
E-mail:	olivianr1315@msn.com
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1608 (DIV. 8)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	AARON MONTGOMERY
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Telephone: (626) 962-9980
 Facsimile: (626) 962-8079
 E-mail: UTUjaw@earthlink.net
 Website:

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1565 (DIV. 7, 11, 15, 20
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	TIM DEL CAMBRE
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	1744 NO. MAIN STREET
Address 2:	
City:	LOS ANGELES, CA 90031 1315
Contact Name:	ADOLFO SOTO
Telephone:	(323) 222-1277
Facsimile:	(323) 222-1335
E-mail:	ASoto@atu1277.com
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	600 HARRISON STREET
Address 2:	SUITE 535
City:	SAN FRANCISCO, CA 94107
Contact Name:	WILLIAM FLYNN
Telephone:	(415) 495-4949
Facsimile:	
E-mail:	
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION

Website:

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	1744 NO. MAIN STREET
Address 2:	
City:	LOS ANGELES, CA 90031
Contact Name:	DOUG KUROWSKI
Telephone:	(323) 222-1277
Facsimile:	(323) 222-1335
E-mail:	DKurowski@atu1277.com
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$732,960
Project Number:	CA-04-0100	Adjustment Amt:	\$0
Project Description:	Acquisition of CNG buses	Total Eligible Cost:	\$732,960
Recipient Type:	Transit Authority	Total FTA Amt:	\$608,357
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	\$124,603
New/Amendment:	New	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Nov. 09, 2007 - Jun. 30, 2010	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Jun. 23, 2008	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	16		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

A combination of Proposition 1B PTMISEA and Proposition C 5% funds will be used to match the federal funds. These funds will be included in the approved Metro annual budget.

Metro received a Letter of No Prejudice from the FTA dated February 16, 2006 (Amendment to 8/16/04 LONP), that allows Metro to proceed with the bus purchase, regardless of size, prior to grant award, thus retaining the project's eligibility for FTA grant funds.

The required FTA FY2008 Certifications and Assurances have been electronically filed in TEAM on November 30, 2007.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

There are no pending Civil Rights issues affecting this grant application.

All DOL checklist requirements have been addressed.

OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within Metro's general service area:

City of Commerce Transit
 Culver City Municipal Transit
 Foothill Transit
 Gardena Transit
 La Mirada Transit
 Long Beach Municipal Transit
 Los Angeles DOT
 Montebello Municipal Transit
 Norwalk Transit
 Santa Monica Big Blue Bus
 Torrance Transit

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	1	\$608,357.00	\$732,960.00
<u>ACTIVITY</u>			
11.12.01 LA963542 REPLACEMENT 45-FT COMPOSITE BUS	1	\$608,357.00	\$732,960.00

Total cost of the UFS and ATMS radio system for the 45-ft CNG bus.

11.12.01	LA963542 REPLACEMENT 45-FT COMPOSITE BUS	1	\$225,720.00	\$271,952.00
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Additional Section 5309 Earmarks funds for \$225,720 will be approved in FY09 for bus acquisition. It will be added to this grant.

Changes since the Prior Budget

Unable to find change amount information.

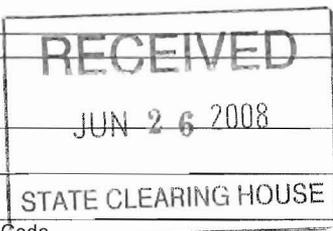
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Betty
State: California		Middle Name	
Zip Code: 94296-0001	Last Name Ettinger		
Country: USA	Suffix:		
Email: betti@parks.ca.gov		Phone Number (give area code): (916) 651-8174	
Fax Number (give area code): (916) 653-6511			



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Livingston Livingston Sports Complex 2600 Walnut Avenue Livingston, CA 95334
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-42006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 18
--	---

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal \$ 160,500.00	
b. Applicant \$ 10,500.00	
c. State \$	
d. Local \$ 150,000.00	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 321,000.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

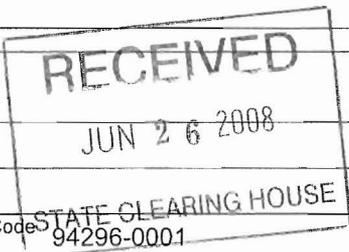
Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California
Country: USA

Zip Code: 94296-0001

Organizational Unit:
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Betty
Middle Name:
Last Name: Ettinger
Suffix:
Email: betti@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
Fax Number (give area code): (916) 653-6511

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):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): Land & Water Conservation Fund

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Padre Dam MWD
Santee Lakes Cabin Development
9310 Fanita Parkway
Santee, CA 92071

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-70224

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 52

15. ESTIMATED FUNDING:

a. Federal	\$	134,868.00
b. Applicant	\$	10,357.00
c. State	\$	
d. Local	\$	147,649.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	292,874.00

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: 06/26/2008
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 Ms. First Name Patti Middle Name:
Last Name Keating Suffix:
b. Title Chief c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative *Patti Keating* e. Date Signed 6/25/08

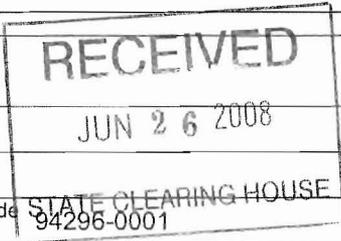
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code: 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Live Oak Pennington Ranch Park Development 9955 Live Oak Boulevard Live oak, CA 95953
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41936	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 02
--	---

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
-------------------------------	--

a. Federal \$ 39,055.00	b. Applicant \$ 2,555.00
c. State \$	d. Local \$ 36,500.00
e. Other \$	f. Program Income \$
g. TOTAL \$ 78,110.00	

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief		c. Telephone Number (give area code) (916) 653-7423
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code: 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-69196		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Santa Maria Los Flores Ranch Parks Development Dominion & Clark (Cross Streets) Santa Maria, CA 93454	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 24	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 62,862.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008	
b. Applicant	\$ 4,113.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 58,750.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 125,725.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Patti	Middle Name	
Last Name Keating		Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Patti Keating</i>		e. Date Signed 6/25/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation
 Organizational Unit: Department: California Department of Parks and Recreation
 Organizational DUNS: 172070807
 Division: Office of Grants and Local Services
 Address: PO Box 942896
 City: Sacramento
 County: Sacramento
 State: California Zip Code: 94296-0001
 Country: USA

RECEIVED

JUN 26 2008

STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
 Prefix: Ms. First Name: Betty
 Middle Name:
 Last Name: Ettinger
 Suffix:
 Email: betti@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code): (916) 651-8174
 Fax Number (give area code): (916) 653-6511

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15-916
 TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Tamalpais CSD
 Eastwood Park Tennis Court Resurfacing & Trail Development
 Eastwood Avenue & Glenwood Road
 Mill Valley, CA 94941

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 06-47710

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

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 03 b. Project 06

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	64,200.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	4,200.00	
c. State	\$		
d. Local	\$	60,000.00	
e. Other	\$		
f. Program Income	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL	\$	128,400.00	

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

a. Authorized Representative
 Prefix: Ms. First Name: Patti Middle Name:
 Last Name: Keating Suffix:
 b. Title: Chief
 c. Telephone Number (give area code): (916) 653-7423
 d. Signature of Authorized Representative: *Patti Keating*
 e. Date Signed: 6/25/08

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807	RECEIVED JUN 26 2008 STATE CLEARING HOUSE	Division: Office of Grants and Local Services	Name and telephone number of person to be contacted on matters involving this application (give area code)
Address: Street: PO Box 942896		Prefix: Ms.	First Name: Betty
City: Sacramento		Middle Name	
County: Sacramento		Last Name: Ettinger	
State: California	Zip Code: 94296-0001	Suffix:	
Country: USA		Email: betti@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of Los Angeles, Dept of Parks & Recreation Cold Creek High Trail Acquisition Calabasas, CA 91302
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-239994	

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 34 b. Project 30
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 136,097.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/26/2008
b. Applicant \$ 222,250.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 3,038,903.00	
e. Other \$	
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 3,397,250.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative		
Prefix Ms.	First Name Patti	Middle Name
Last Name Keating		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Patti Keating</i>	e. Date Signed 6/26/08	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: City or Township Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U.S. Department of Justice, Office of Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Public Safety and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-OTHERECH-2008-1. * Title: 2008 Technology Grant Program	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Winters, County of Yolo	
* 15. Descriptive Title of Applicant's Project: Funding for equipment technology component of the new City of Winters Public Safety Facility	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <u>First</u>	* b. Program/Project: <u>First</u>
Attach an additional list of Program/Project Congressional Districts if needed. n/a	
17. Proposed Project:	
* a. Start Date: <u>10/30/2008</u>	* b. End Date: <u>12/31/2009</u>
18. Estimated Funding (\$):	
* a. Federal	<u>163,677.50</u>
* b. Applicant	_____
* c. State	_____
* d. Local	<u>286,322.50</u>
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>450,000.00</u>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/25/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: <u>Mr.</u>	* First Name: <u>John</u>
Middle Name: <u>W.</u>	_____
* Last Name: <u>Donlevy</u>	_____
Suffix: <u>Jr.</u>	_____
* Title: <u>City Manager</u>	
* Telephone Number: <u>530-795-4910</u>	Fax Number: <u>530-795-4935</u>
* Email: <u>john.donlevy@cityofwinters.org</u>	
* Signature of Authorized Representative: 	* Date Signed: <u>6-26-08</u>

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Rural Community Assistance Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
942512284

*c. Organizational DUNS:
093587368

d. Address:

*Street 1: 3120 Freeboard Drive, Suite 201
Street 2: _____
*City: West Sacramento
County: Yolo
*State: CA
Province: _____
*Country: USA - United States
*Zip / Postal Code: 95691

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: Michael
Middle Name: _____
*Last Name: Carroll
Suffix: _____

Title: Loan Fund Director

Organizational Affiliation:

*Telephone Number: 916/447-9832

Fax Number: 916/447-2878

*Email: mcarroll@rcac.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA

11. Catalog of Federal Domestic Assistance Number:
10.767
CFDA Title:
Intermediary Relending Program (IRP)

***12 Funding Opportunity Number:**
4274 D

*Title:
Intermediary Relending Program (IRP)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

***15. Descriptive Title of Applicant's Project:**
RCAC's \$1 Million Loan Fund Request

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-01

*b. Program/Project:

17. Proposed Project:

*a. Start Date: 10/2008

*b. End Date: 30 Year loan

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

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: Michael

Middle Name: _____

*Last Name: Carroll

Suffix: _____

*Title: Loan Fund Director

*Telephone Number: 916/447-9832

Fax Number: 916/447-2878

* Email: mcarroll@rcac.org

*Signature of Authorized Representative:

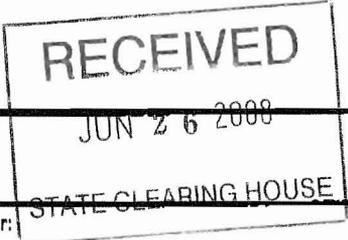


*Date Signed: 06/27/2008

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

Application for Federal Assistance SF-424 Version 02

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



* 3. Date Received:	4. Applicant Identifier:
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>City of Newark Police Department</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-6027360</u>	* c. Organizational DUNS: <u>080716731</u>

d. Address:

* Street1:	<u>37101 Newark Blvd.</u>
Street2:	_____
* City:	<u>Newark</u>
County:	_____
* State:	<u>CA</u>
Province:	_____
* Country:	<u>USA</u>
* Zip / Postal Code:	<u>94560</u>

e. Organizational Unit:

Department Name: <u>Newark Police Department</u>	Division Name: <u>Communications Division</u>
---	--

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

Prefix: _____	* First Name: <u>Misa</u>
Middle Name: _____	
* Last Name: <u>Leal</u>	
Suffix: _____	

Title: Sr. Administrative Analyst

Organizational Affiliation: _____

* Telephone Number: (510) 578-4351 Fax Number: (510) 578-4277

* Email: misa.leal@newark.org

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: City or Township Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U.S. Dept. of Justice, Office of Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Technology Program (Tech)	
* 12. Funding Opportunity Number: COPS-OTHERECH-2008-1 * Title: Technology Program (Tech)	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project: Project 25 (P25) Communications Interoperability	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 13 * b. Program/Project: 13

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

17. Proposed Project:

* a. Start Date: 10/01/2008 * b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	<u>233,825.00</u>
* b. Applicant	<u>299,275.00</u>
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>533,100.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

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

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

Prefix: _____ * First Name: James

Middle Name: _____

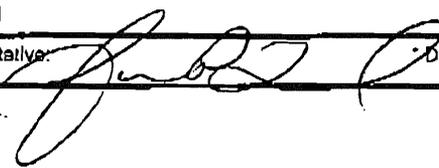
* Last Name: Leal

Suffix: _____

* Title: Police Captain

* Telephone Number: (510) 578-4725 Fax Number: (510) 578-4277

* Email: james.leal@newark.org

* Signature of Authorized Representative:  * Date Signed: 06/26/2008

Authorized for Local Reproduction

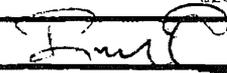
Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Montebello, CA		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2008 STATE CLEARING HOUSE </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000746	* c. Organizational DUNS: 82-559-0482	
* d. Address:		
* Street1: 1600 W. Beverly Blvd.		
Street2:		
* City: Montebello		
County: Los Angeles		
* State: CA		
Province:		
* Country: United States of America		
* Zip / Postal Code: 90640		
* e. Organizational Unit: Police Department		
Department Name: Montebello Police Department		Division Name: Support Services - Grants
* f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Steve	
Middle Name:		
* Last Name: Taratua		
Suffix:		
Title: Grants and Projects Administrator		
Organizational Affiliation:		
* Telephone Number: 323-887-1280		Fax Number: (323) 887-1317
* Email: staratua@cityofmontebello.com		

Tracking Number:

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: City Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U. S. Department of Justice - Office of Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: CFDA 16.710 CFDA Title: COPS FY2008 Technology Program (Tech)	
* 12. Funding Opportunity Number: COPS-OTHERECH-2008-1 * Title: 2008 Technology (Tech) Grant Program	
13. Competition Identification Number: Not Applicable Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Montebello	
* 15. Descriptive Title of Applicant's Project: Montebello Police '08 Technology Initiative	
Attach supporting documents as specified in agency instructions. N/A	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <u>CA-038</u>	* b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed. N/A	
17. Proposed Project:	
* a. Start Date: <u>12/27/2007</u>	* b. End Date: <u>12/27/2010</u>
18. Estimated Funding (\$):	
* a. Federal	<u>163,678.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>163,678.00</u>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/26/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Authorized Representative:	
Prefix: <u>Mr.</u>	* First Name: <u>Richard</u>
Middle Name: _____	
* Last Name: <u>Torres</u>	
Suffix: _____	
* Title: <u>City Administrator</u>	
* Telephone Number: <u>323-887-1360</u>	Fax Number: <u>323-887-1410</u>
* Email: <u>Rtorres@cityofmontebello.com</u>	
* Signature of Authorized Representative:	* Date Signed: <u>06/26/2008</u>

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

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

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

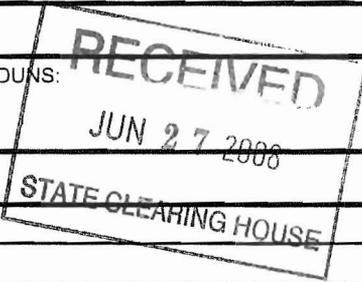
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
--------------------------------	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Redlands, City of	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956000766	* c. Organizational DUNS: 145556747



d. Address:

* Street1:	212 Brookside Avenue
Street2:	
* City:	Redlands
County:	
* State:	California
Province:	
* Country:	United States
* Zip / Postal Code:	92373

e. Organizational Unit:

Department Name: Redlands Police Department	Division Name:
--	----------------

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

Prefix: Ms.	* First Name: Brenda
Middle Name:	
* Last Name: Boon	
Suffix:	

Title: Administrative Analyst

Organizational Affiliation:

* Telephone Number: (909) 335-4751	Fax Number: (909) 798-7538
------------------------------------	----------------------------

* Email: Bboon@redlandspolice.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

C; City or Township Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2008-1

* Title:

COPS Law Enforcement Technology

13. Competition Identification Number:

Title:

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

City of Redlands

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-041

* b. Program/Project: CA-041

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

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 12/31/2009

18. Estimated Funding (\$):

* a. Federal	<u>467,650.00</u>
* b. Applicant	<u>0.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>467,650.00</u>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2008

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

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

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

Yes No

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

**** I AGREE**

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

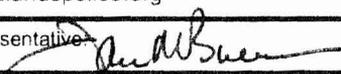
Prefix: _____ * First Name: James
Middle Name: R.
* Last Name: Bueermann
Suffix: _____

* Title: Chief of Police

* Telephone Number: (909) 798-7661

Fax Number: (909) 798-7538

* Email: jim.bueermann@redlandspolice.org

* Signature of Authorized Representative: 

* Date Signed: 6-17-08

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier: CA 03905	* 5b. Federal Award Identifier:
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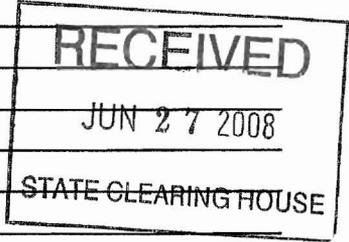
State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: City of Stockton Police Department	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000436	* c. Organizational DUNS: 030911858

d. Address:

* Street1: 22 East Market Street	
Street2:	
* City: Stockton	
County: San Joaquin	
* State: California	
Province:	
* Country: United States of America	
* Zip / Postal Code: 95202	

e. Organizational Unit:

Department Name: Stockton Police Department	Division Name:
--	----------------

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

Prefix: Mr.	* First Name: Robert
Middle Name:	
* Last Name: Marconi	
Suffix:	
Title: Program Manager III	
Organizational Affiliation: City of Stockton Police Department	
* Telephone Number: (209) 937-8651	Fax Number: (209) 937-8896
* Email: Bob.Marconi@ci.stockton.ca.us	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

City or Township Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

United States Department of Justice - Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERECH-2008-1

* Title:

COPS FY2008 TECHNOLOGY PROGRAM (TECH)

13. Competition Identification Number:

Title:

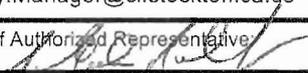
14. Areas Affected by Project (Cities, Counties, States, etc.):

Stockton's region including the city of Stockton and jurisdictions within the Stockton MSA.

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

Stockton's Communications and Information Sharing Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of: 11 & 18	
* a. Applicant	* b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 10/01/2008	* b. End Date: 09/30/2011
18. Estimated Funding (\$):	
* a. Federal	631,328.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	631,328.00
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/26/2008</u> <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Authorized Representative:	
Prefix: Mr.	* First Name: J.
Middle Name: Gordon	_____
* Last Name: Palmer	_____
Suffix: Jr.	_____
* Title: City Manager	
* Telephone Number: (209) 937-8294	Fax Number: (209) 937-7149
* Email: City.Manager@ci.stockton.ca.us	
* Signature of Authorized Representative: 	* Date Signed: 6/26/2008

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
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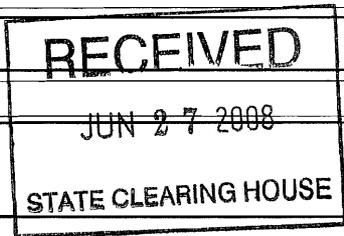
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="The East Los Angeles Community Union"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2554256"/>	* c. Organizational DUNS: <input type="text" value="010720597"/>



d. Address:

* Street1: <input type="text" value="5400 East Olympic Boulevard"/>
Street2: <input type="text"/>
* City: <input type="text" value="Los Angeles"/>
County: <input type="text" value="Los Angeles"/>
* State: <input type="text" value="California"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA"/> USA: UNITED STATES
* Zip / Postal Code: <input type="text" value="90022"/>

e. Organizational Unit:

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

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Jose"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Villalobos"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Senior Vice President"/>	

Organizational Affiliation:

* Telephone Number: <input type="text" value="323-721-1655"/>	Fax Number: <input type="text" value="323-721-3560"/>
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* Email:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Non-Profit Community Development Corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

DHHS/ACF/OCS

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Economic Development Discretionary Grant Program

* 12. Funding Opportunity Number:

HHS-2008-ACF-OCS-EE-0024

* Title:

Community Economic Development Program Operational Projects

13. Competition Identification Number:

Title:

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

Los Angeles County

* 15. Descriptive Title of Applicant's Project:

Expansion of Weatherization Program to Create 48 Jobs for Low Income Persons

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 25, 29, 30

* b. Program/Project 25, 29, 30

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

17. Proposed Project:

* a. Start Date: 9/30/08

* b. End Date: 9/30/11

18. Estimated Funding (\$):

* a. Federal \$ 700,000

* b. Applicant 700,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$1,400,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on June 24, 2008

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

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

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

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: Jose

Middle Name:

* Last Name: Villalobos

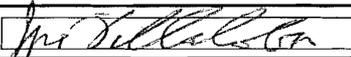
Suffix:

* Title: Senior Vice President

* Telephone Number: 323-721-1655

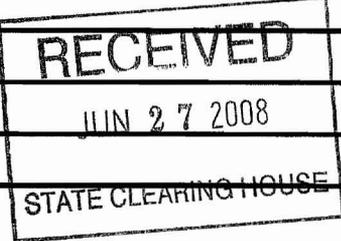
Fax Number: 323-721-3560

* Email: jvtelacu@aol.com

* Signature of Authorized Representative: 

* Date Signed: 6/20/08

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Oroville Police Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387		* c. Organizational DUNS: 613670868
d. Address:		
* Street1: 2055 Lincoln Street		
Street2:		
* City: Oroville		
County: Butte		
* State: CA		
Province:		
* Country: USA		
* Zip / Postal Code: 95966		
e. Organizational Unit:		
Department Name: Administration, Office of the Chief of Police		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		* First Name: Kirk
Middle Name: E.		
* Last Name: Trostle		
Suffix:		
Title: Chief of Police		
Organizational Affiliation: N/A		
* Telephone Number: 530-538-2451		Fax Number: (530) 538-2409
* Email: trostleke@cityoforoville.org		



Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1:

City Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

United States Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS FY2008 Technology Program (Tech)

*** 12. Funding Opportunity Number:**

16.710

* Title:

COPS FY2008 Technology Program (Tech)

13. Competition Identification Number:

Title:

Not Applicable.

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

The City of Oroville, Butte County, California.

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

The Oroville Police Department Communication Infrastructure and Equipment Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 12/26/2007

* b. End Date: 12/25/2010

18. Estimated Funding (\$):

* a. Federal	<u>280,590.00</u>
* b. Applicant	<u>0.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>280,590.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**** I AGREE**

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: _____ * First Name: Kirk
Middle Name: E.
* Last Name: Trostle
Suffix: _____

* Title: Chief of Police

* Telephone Number: 530-538-2451

Fax Number: 530-538-2409

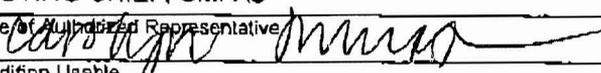
* Email: trostleke@cityoforoville.org

* Signature of Authorized Representative: *[Handwritten Signature]*

* Date Signed: 06/26/2008

Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/20/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893002
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-50-HS-37
Organizational DUNS: 808322358		Organizational Unit: Department: Fish and Game	
Address: Street: 1812 9TH STREET, GMFAB		Division: Grant Management & Federal Assistance Branch	
City: SACRAMENTO		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: SACRAMENTO		Prefix: MS	First Name: LISA
State: CALIFORNIA Zip Code 95811		Middle Name	
Country: USA		Last Name BAYS	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Suffix:	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Email: lbays@dfg.ca.gov	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611		Phone Number (give area code) (916) 445-3701	
TITLE (Name of Program): WILDLIFE RESTORATION ACT		Fax Number (give area code) (916) 327-6320	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
13. PROPOSED PROJECT Start Date: 07/01/2007 Ending Date: 06/30/2008		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CALIFORNIA HUNTER EDUCATION PROGRAM	
a. Federal \$ 1,268,885.00	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE		
b. Applicant \$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 422,962.00	b. No. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other \$	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.		
f. Program Income \$	a. Authorized Representative Prefix MS First Name CAROLYN Middle Name		
g. TOTAL \$ 1,691,847.00	Last Name MURATA Suffix		
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative 		e. Date Signed 06-20-08	

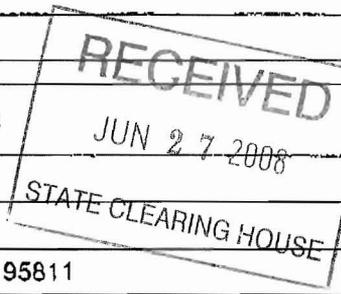
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/20/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893000
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-166-C-3

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA	
City: SACRAMENTO		Middle Name	
County: SACRAMENTO		Last Name BAYS	
State: CALIFORNIA	Zip Code 95811	Suffix:	
Country: USA		Email: lbays@dfg.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3701	Fax Number (give area code) (916) 327-6320
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) 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: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - EQUIPMENT
---	---

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

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 450,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 150,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 600,000.00	

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

a. Authorized Representative		
Prefix MS	First Name CAROLYN	Middle Name
Last Name MURATA		Suffix
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559
d. Signature of Authorized Representative <i>Carolyn Murata</i>		e. Date Signed 06/20/08

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/20/2008	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893002	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-50-HS-37	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	5. APPLICANT INFORMATION		
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game		
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch		
Address: Street: 1812 9TH STREET, GMFAB		RECEIVED JUN 27 2008 STATE CLEARING HOUSE		
City: SACRAMENTO				
County: SACRAMENTO		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CALIFORNIA		Zip Code 95811	Prefix: MS	First Name: LISA
Country: USA		Middle Name		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697587		Last Name BAYS		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-811		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CALIFORNIA HUNTER EDUCATION PROGRAM		
13. PROPOSED PROJECT Start Date: 07/01/2007 Ending Date: 06/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,268,885.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE:		
c. State	\$ 422,962.00	PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	b. No. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,691,847.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix MS	First Name CAROLYN	Middle Name		
Last Name MURATA	Suffix			
b. Title ACTING CHIEF, GMFAB	c. Telephone Number (give area code) (916) 445-3559			
d. Signature of Authorized Representative	e. Date Signed 06-20-08			

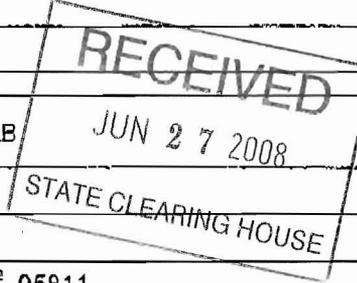
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/20/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893000
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-106-C-3

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA	Organizational Unit: Department: Fish and Game
Organizational DUNS: 808322358	Division: Grant Management & Federal Assistance Branch
Address: Street: 1812 9TH STREET, GMFAB	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA
City: SACRAMENTO	Middle Name
County: SACRAMENTO	Last Name BAYS
State: CALIFORNIA Zip Code 95811	Suffix:
Country: USA	Email: lbays@dfg.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3701 Fax Number (give area code) (916) 327-6320



7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - EQUIPMENT

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE
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15. ESTIMATED FUNDING: a. Federal \$ 450,000.00 b. Applicant \$ c. State \$ 150,000.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 600,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative

Prefix MS	First Name CAROLYN	Middle Name
Last Name MURATA		Suffix
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559
d. Signature of Authorized Representative		e. Date Signed 06/20/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/20/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893009
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-67-2-2
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: FISH AND GAME

Organizational DUNS: 808322358

Division: Grant Management & Federal Assistance Branch

Address:
Street: 1812 9TH STREET, GMFAB

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MS First Name: LISA

City: SACRAMENTO

Middle Name

County: SACRAMENTO

Last Name: BAYS

State: CALIFORNIA Zip Code: 95811

Suffix:

Country: USA

Email: lbays@dfg.ca.gov

RECEIVED
JUN 27 2008
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1897567

Phone Number (give area code) Fax Number (give area code)

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)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-811

TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WILDLIFE HABITAT INVENTORIES & RESEARCH - UPLAND GAME

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
STATE OF CALIFORNIA, STATEWIDE

13. PROPOSED PROJECT
Start Date: 07/01/2008 Ending Date: 06/30/2009

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

15. ESTIMATED FUNDING:

a. Federal	\$	413,450.00
b. Applicant	\$	
c. State	\$	137,817.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	551,267.00

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: CAROLYN Middle Name:

Last Name: MURATA Suffix:

b. Title: ACTING CHIEF, GMFAB

c. Telephone Number (give area code): (916) 445-3559

d. Signature of Authorized Representative: *Carolyn Murata*

e. Date Signed: 05-20-08

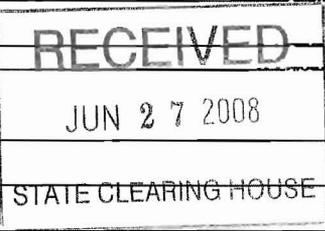
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/20/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893010
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-68-P-2
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA	Organizational Unit: Department: FISH AND GAME
Organizational DUNS: 808322358	Division: Grant Management & Federal Assistance Branch
Address: Street: 1812 9TH STREET, GMFAB	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA
City: SACRAMENTO	Middle Name
County: SACRAMENTO	Last Name BAYS
State: CALIFORNIA Zip Code 95811	Suffix:
Country: USA	Email: lbays@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code)	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - ELK & ANTELOPE

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE
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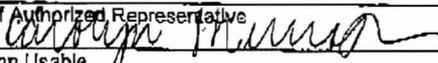
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 143,097.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 47,699.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 190,796.00	

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

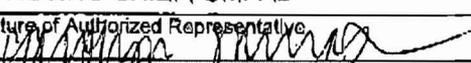
a. Authorized Representative

Prefix MS	First Name CAROLYN	Middle Name
Last Name MURATA	Suffix	
b. Title ACTING CHIEF, GMFAB	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative	e. Date Signed 7-5-20-08	

APPLICATION FOR
FEDERAL ASSISTANCE

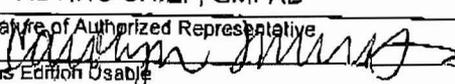
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/20/2008	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893011
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-69-R-2
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: FISH AND GAME	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: MS	First Name: LISA
County: SACRAMENTO		Middle Name	
State: CALIFORNIA		Last Name BAYS	
Zip Code: 95811		Suffix:	
Country: USA		Email: lbays@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code)	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611 TITLE (Name of Program): WILDLIFE RESTORATION ACT		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - WATERFOWL	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 308,376.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 102,792.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 411,168.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS	First Name CAROLYN	Middle Name	
Last Name MURATA	Suffix		
b. Title ACTING CHIEF, GMFAB	c. Telephone Number (give area code) (916) 445-3559		
d. Signature of Authorized Representative 	e. Date Signed 05-20-08		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 05/20/2008	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier R0893012	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-70-R-2	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department: FISH AND GAME		
Organizational DUNS: 808322358			Division: Grant Management & Federal Assistance Branch		
Address: Street: 1812 9TH STREET, GMFAB			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: SACRAMENTO			Prefix: MS	First Name: LISA	
County: SACRAMENTO			Middle Name		
State: CALIFORNIA			Last Name: BAYS		
Zip Code: 95811			Suffix:		
Country: USA			Email: lbays@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697587			Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - WILDLIFE INVESTIGATIONS LABORATORY		
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	157,547.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$	52,516.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	210,063.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix	MS	First Name	CAROLYN	Middle Name	
Last Name			Suffix		
b. Title			c. Telephone Number (give area code)		
ACTING CHIEF, GMFAB			(916) 445-3559		
d. Signature of Authorized Representative			e. Date Signed		
			05-20-08		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	05/20/2008	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE		State Application Identifier	R0893013
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	W-71-R-2
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department: FISH AND GAME		
Organizational DUNS: 806322358			Division: Grant Management & Federal Assistance Branch		
Address: Street: 1812 9TH STREET, GMFAB			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: SACRAMENTO			Prefix: MS	First Name: LISA	
County: SACRAMENTO			Middle Name		
State: CALIFORNIA			Last Name: BAYS		
Zip Code: 95811			Suffix:		
Country: USA			Email: lbays@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Phone Number (give area code)		Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) A: State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - WILDLIFE SPECIES CONSERVATION PROGRAM MANAGEMENT (NON-GAME)		
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	148,653.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$		b. No. PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	49,551.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$	198,204.00	a. Authorized Representative		
			Prefix: MS	First Name: CAROLYN	Middle Name:
			Last Name: MURATA		
			b. Title: ACTING CHIEF, GMFAB		
			c. Telephone Number (give area code): (916) 445-3559		
			d. Signature of Authorized Representative: 		
			e. Date Signed: 05-20-08		

RECEIVED
 JUN 27 2008
 STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/20/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893014
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-72-R-2
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: FISH AND GAME	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA	
City: SACRAMENTO		Middle Name	
County: SACRAMENTO		Last Name BAYS	
State: CALIFORNIA Zip Code 95811		Suffix:	
Country: USA		Email: lbays@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) Fax Number (give area code)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - BIOLOGICAL RESOURCE ASSESSMENT & LAND MANAGEMENT PLANNING	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE	
15. ESTIMATED FUNDING: a. Federal \$ 119,696.00 b. Applicant \$ c. State \$ 39,899.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 159,595.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix MS First Name CAROLYN		Middle Name	
Last Name MURATA		Suffix	
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative		e. Date Signed 05-20-08	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/20/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893015
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-73-R-2
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: FISH AND GAME	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA	
City: SACRAMENTO		Middle Name	
County: SACRAMENTO		Last Name BAYS	
State: CALIFORNIA Zip Code 95811		Suffix:	
Country: USA		Email: lbays@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697587		Phone Number (give area code) Fax Number (give area code)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611 TITLE (Name of Program): WILDLIFE RESTORATION ACT		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - BLACK BEAR POPULATION ASSESSMENT	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 113,231.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____	
b. Applicant	\$	b. No. PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 37,744.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 150,975.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS First Name CAROLYN		Middle Name	
Last Name MURATA		Suffix	
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative		e. Date Signed 05-20-08	

RECEIVED
JUN 27 2008
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/20/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893016
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-74-R-2
Organizational DUNS: 808322358		Organizational Unit: Department: FISH AND GAME	
Address: Street: 1812 9TH STREET, GMFAB		Division: Grant Management & Federal Assistance Branch	
City: SACRAMENTO		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA	
County: SACRAMENTO		Middle Name	
State: CALIFORNIA Zip Code 95811		Last Name BAYS	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: lbays@dfg.ca.gov	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-811		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - COMPREHENSIVE WETLAND HABITAT PROGRAM	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE	
15. ESTIMATED FUNDING: a. Federal \$ 215,832.00 b. Applicant \$ c. State \$ 71,944.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 287,776.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: PROGRAM IS NOT COVERED BY E. O. 12372 b. No. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix MS First Name CAROLYN Middle Name		c. Telephone Number (give area code) (916) 445-3559	
Last Name MURATA Suffix		e. Date Signed 05-20-08	
b. Title ACTING CHIEF, GMFAB		d. Signature of Authorized Representative	

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

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	05/20/2008	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY		RO893017	
	<input type="checkbox"/> Non-Construction			Federal Identifier	
5. APPLICANT INFORMATION				W-75-R-2	
Legal Name: STATE OF CALIFORNIA			Organizational Unit:		
Organizational DUNS: 808322358			Department: FISH AND GAME		
Address: Street: 1812 9TH STREET, GMFAB			Division: Grant Management & Federal Assistance Branch		
City: SACRAMENTO			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: SACRAMENTO			Prefix: MS First Name: LISA		
State: CALIFORNIA Zip Code 95811			Middle Name		
Country: USA			Last Name BAYS		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Suffix:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
Other (specify)			A. State		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA, STATEWIDE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT INVENTORIES & RESEARCH - CENTRAL VALLEY PROJECT IMPROVEMENT ACT REFUGE WATER SUPPLY PROGRAM		
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project STATEWIDE		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	105,214.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$	35,071.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	140,285.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative					
Prefix MS		First Name CAROLYN		Middle Name	
Last Name MURATA				Suffix	
b. Title ACTING CHIEF, GMFAB				c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative				e. Date Signed 05-20-08	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/26/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893008
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-76-D-2
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: MS	First Name: LISA
County: SACRAMENTO		Middle Name	
State: CALIFORNIA		Last Name BAYS	
Zip Code: 95811	Suffix:		
Country: USA	Email: lbays@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Phone Number (give area code) (916) 445-3701	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611 TITLE (Name of Program): WILDLIFE RESTORATION ACT		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): IMPERIAL & RIVERSIDE COUNTIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 6	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 45, 51	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 644,536.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 214,846.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 126,914.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 986,296.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS	First Name CAROLYN	Middle Name	
Last Name MURATA	Suffix		
b. Title ACTING CHIEF, GMFAB	c. Telephone Number (give area code) (916) 445-3559		e. Date Signed June 26 2008
d. Signature of Authorized Representative			

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/26/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893007
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-77-D-2
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: STATE OF CALIFORNIA		Department: Fish and Game	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1812 9TH STREET, GMFAB	RECEIVED JUN 27 2008	Prefix: MS	First Name: LISA
City: SACRAMENTO		Middle Name	
County: SACRAMENTO		Last Name BAYS	
State: CALIFORNIA	Zip Code: 95831	Suffix:	
Country: USA	Email: lbays@dfg.ca.gov		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3701	Fax Number (give area code) (916) 327-6320
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
TITLE (Name of Program): WILDLIFE RESTORATION ACT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 5
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN DIEGO COUNTY	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 07/01/2008	a. Applicant 3
Ending Date: 06/30/2009	b. Project 52

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 199,209.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 66,403.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 265,612.00	

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

a. Authorized Representative		
Prefix MS	First Name CAROLYN	Middle Name
Last Name MURATA	Suffix	
b. Title ACTING CHIEF, GMFAB	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative <i>Carolyn Murata</i>	e. Date Signed 06-26-08	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>6/26/08</i>	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893006
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <i>W-78-D-2</i>
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA	Organizational Unit:
Organizational DUNS: 808322358	Department: Fish and Game
Address: Street: 1812 9TH STREET, GMFAB	Division: Grant Management & Federal Assistance Branch
City: SACRAMENTO	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: SACRAMENTO	Prefix: MS First Name: LISA
State: CALIFORNIA Zip Code 95811	Middle Name
Country: USA	Last Name BAYS
	Suffix:
	Email: lbays@dfg.ca.gov

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

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

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

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

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

TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 4

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
MERCED AND FRESNO COUNTIES

13. PROPOSED PROJECT
Start Date: 07/01/2008 Ending Date: 06/30/2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3 b. Project 18, 21

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,630,169.00	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	\$		DATE:
c. State	\$ 543,389.00	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
d. Local	\$	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 373,740.00	<input type="checkbox"/> Yes If "Yes" attach an explanation, <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,547,298.00		

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

a. Authorized Representative

Prefix MS	First Name CAROLYN	Middle Name
Last Name MURATA	Suffix	
b. Title ACTING CHIEF, GMFAB	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative <i>Carolyn Murata</i>	e. Date Signed <i>06-26-08</i>	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893005
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-79-D-2
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: MS	First Name: LISA
County: SACRAMENTO		Middle Name	
State: CALIFORNIA Zip Code 95811		Last Name BAYS	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697582		Phone Number (give area code) (916) 445-3701	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-811		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NAPA, SONOMA, SOLANO & MARIN COUNTIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 3	
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 1,6,10	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,006,339.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 335,446.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$ 138,408.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,480,193.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS	First Name CAROLYN	Middle Name	
Last Name MURATA		Suffix	
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative		e. Date Signed 06/25/08	

RECEIVED
 JUN 27 2008
 STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893004	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-80-D-2	
<input type="checkbox"/> Non-Construction		5. APPLICANT INFORMATION		
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game		
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch		
Address: Street: 1812 9TH STREET, GMFAB		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: SACRAMENTO		Prefix: MS	First Name: LISA	
County: SACRAMENTO		Middle Name		
State: CALIFORNIA		Last Name BAYS		
Zip Code 95811		Suffix:		
Country: USA		Email: lbays@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1897587		Phone Number (give area code) (916) 445-3701	Fax Number (give area code) (916) 327-6320	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TRINITY, YUBA, NEVADA, YOLO COUNTIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENACE - REGION 2		
13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 2,4		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,696,071.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE:		
c. State	\$ 565,357.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$			

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/26/2008 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier R0893007 Federal Identifier W-01-D-2																					
5. APPLICANT INFORMATION Legal Name: STATE OF CALIFORNIA Organizational DUNS: 808322358 Address: 1812 9TH STREET, GMFAB City: SACRAMENTO County: SACRAMENTO State: CALIFORNIA Zip Code 95811 Country: USA		Organizational Unit: Department: Fish and Game Division: Grant Management & Federal Assistance Branch Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA Middle Name Last Name BAYS Suffix: Email: lbays@dfg.ca.gov Phone Number (give area code) (916) 445-3701 Fax Number (give area code) (916) 327-6320																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-811		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 1																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LASSEN, MODOC, SISKIYOU, DEL NORTE COUNTIES		13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 1, 2, 4		15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>1,233,227.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td></tr> <tr><td>c. State</td><td>\$</td><td>411,075.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td>75,052.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>1,719,354.00</td></tr> </table>		a. Federal	\$	1,233,227.00	b. Applicant	\$		c. State	\$	411,075.00	d. Local	\$		e. Other	\$		f. Program Income	\$	75,052.00	g. TOTAL	\$	1,719,354.00
a. Federal	\$	1,233,227.00																						
b. Applicant	\$																							
c. State	\$	411,075.00																						
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$	75,052.00																						
g. TOTAL	\$	1,719,354.00																						
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix MS First Name CAROLYN Middle Name Last Name MURATA Suffix b. Title ACTING CHIEF, GMFAB c. Telephone Number (give area code) (916) 445-3559 d. Signature of Authorized Representative e. Date Signed 06-26-08																								

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0793024 Am#1
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-58-HS-36

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA	Organizational Unit: Department: Fish and Game
Organizational DUNS: B08322358	Division: Grant Management & Federal Assistance Branch
Address: Street: 1812 9TH STREET, GMFAB	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: LISA
City: SACRAMENTO	Middle Name
County: SACRAMENTO	Last Name: BAYS
State: CALIFORNIA Zip Code: 95811	Suffix:
Country: USA	Email: lbays@dfg.ca.gov

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-1697587

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

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 CALIFORNIA HUNTER EDUCATION PROGRAM - AMENDMENT #1

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

13. PROPOSED PROJECT
 Start Date: 07/01/2007 Ending Date: 06/30/2008

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

15. ESTIMATED FUNDING:

a. Federal	\$	1,340,810.00
b. Applicant	\$	
c. State	\$	434,437.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	-37,500.00
g. TOTAL	\$	1,737,747.00

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: CAROLYN	Middle Name:
Last Name: MURATA	Suffix:	
b. Title: ACTING CHIEF, GMFAB	c. Telephone Number (give area code): (916) 445-3558	
d. Signature of Authorized Representative: <i>[Signature]</i>	e. Date Signed: 06-22-08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/20/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier R0893001
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-29-C-62

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: STATE OF CALIFORNIA		Department: Fish and Game	
Organizational DUNS: 808322358		Division: Grant Management & Federal Assistance Branch	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1812 9TH STREET, GMFAB		Prefix: MS	First Name: LISA
City: SACRAMENTO		Middle Name	
County: SACRAMENTO		Last Name BAYS	
State: CALIFORNIA	Zip Code 95811	Suffix:	
Country: USA		Email: lbays@dfg.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-1697567		(916) 445-3701	(916) 327-6320

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8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
TITLE (Name of Program): WILDLIFE RESTORATION ACT		U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
STATEWIDE		COORDINATION OF CALIFORNIA'S FEDERAL ASSISTANCE IN WILDLIFE RESTORATION PROGRAM	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 07/01/2008	Ending Date: 06/30/2009	a. Applicant 3	b. Project STATEWIDE
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 297,312.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 99,104.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 396,416.00		

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

a. Authorized Representative		
Prefix MS	First Name CAROLYN	Middle Name
Last Name MURATA		Suffix
b. Title ACTING CHIEF, GMFAB		c. Telephone Number (give area code) (916) 445-3559
d. Signature of Authorized Representative		e. Date Signed 06/20/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/21/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893028
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-125-R-3

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grants and Federal Assistance Branch	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1812 Ninth Street		Prefix:	First Name: Carolyn
City: Sacramento		Middle Name	
County: Sacramento		Last Name: Murata	
State: California	Zip Code: 95814	Suffix:	
Country: USA		Email: cmurata@dfg.ca.gov	

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New		A. State	
<input type="checkbox"/> Continuation		Other (specify)	
<input type="checkbox"/> Revision		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inland Trout Resource Assessment Program	
Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT		a. Applicant: 3	b. Project: Statewide
Start Date: 07/01/2008	Ending Date: 06/30/2009	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	

15. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
a. Federal	\$ 253,564.00	DATE:	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 84,522.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 338,086.00		

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

a. Authorized Representative		c. Telephone Number (give area code) (916) 445-3559	
Prefix	First Name: Carolyn	Middle Name	
Last Name: Murata		Suffix	
b. Title Manager, Grants Management and Federal Assistance Branch		e. Date Signed 06/23/08	
d. Signature of Authorized Representative 			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/21/2008	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893029
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-126-R-3

5. APPLICANT INFORMATION

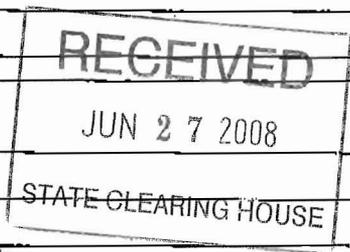
Legal Name: State of California

Organizational DUNS: 808322358

Address: 1812 Ninth Street
City: Sacramento
County: Sacramento
State: California Zip Code: 95814
Country: USA

Organizational Unit: Department of Fish and Game
Division: Grants and Federal Assistance Branch

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: First Name: Carolyn
Middle Name:
Last Name: Murata
Suffix:
Email: cmurata@dfg.ca.gov



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

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

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-805

TITLE (Name of Program): Sport Fish Restoration Act

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Flatwater Fishery Management and Coordination

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

13. PROPOSED PROJECT
Start Date: 07/01/2008 Ending Date: 06/30/2009

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

15. ESTIMATED FUNDING:

a. Federal	\$	1,053,844.00
b. Applicant	\$	
c. State	\$	351,281.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,405,125.00

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

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

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

a. Authorized Representative

Prefix: First Name: Carolyn Middle Name:
Last Name: Murata Suffix:

b. Title Manager, Grants Management and Federal Assistance Branch

c. Telephone Number (give area code) (916) 445-3559

d. Signature of Authorized Representative *Carolyn Murata*

e. Date Signed 06/23/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	06/21/2008	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		R0893026
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			F-123-R-3

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grants and Federal Assistance Branch	
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Carolyn
County: Sacramento		Middle Name	
State: California		Last Name: Murata	
Zip Code: 95814	Suffix:		
Country: USA		Email: cmurata@dfg.ca.gov	

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-1897567		(916) 445-3559	(916) 327-6320

8. TYPE OF APPLICATION:	7. TYPE OF APPLICANT: (See back of form for Application Types)
<input checked="" type="checkbox"/> New Continuation <input type="checkbox"/> Revision	A. State
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	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:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
15-606	Sacramento-San Joaquin Estuary Sport Fish Studies
TITLE (Name of Program): Sport Fish Restoration Act	

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

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 07/01/2008	a. Applicant 3
Ending Date: 06/30/2009	b. Project Statewide

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 631,913.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 210,638.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 842,551.00	

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

a. Authorized Representative	
Prefix	First Name Carolyn
	Middle Name
Last Name Murata	Suffix
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559
d. Signature of Authorized Representative	e. Date Signed 06/23/08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/21/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893020
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-6-C-57

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
Organizational DUNS: 808322358	Department: Department of Fish and Game
Address: Street: 1812 Ninth Street	Division: Grants and Federal Assistance Branch
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: Middle Name
State: California Zip Code 95814	Last Name: Murata
Country: USA	Suffix:
	Email: cmurata@dfg.ca.gov

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3559	Fax Number (give area code) (916) 327-6320
--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-805	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
--	--

TITLE (Name of Program): Sport Fish Restoration Act	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fish Management Coordination
---	---

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

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 207,268.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 69,089.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 276,357.00	

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

a. Authorized Representative		
Prefix	First Name Carolyn	Middle Name
Last Name Murata		Suffix
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative	e. Date Signed 6/23/08	

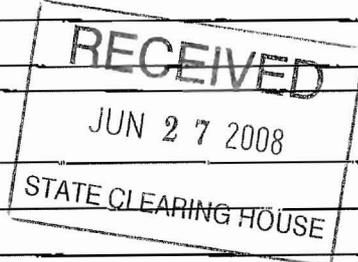
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/21/2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier R0893027
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-124-T-3

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Grants and Federal Assistance Branch
Address: Street: 1812 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Carolyn
City: Sacramento	Middle Name
County: Sacramento	Last Name: Murata
State: California Zip Code 95814	Suffix:
Country: USA	Email: cmurata@dfg.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3559	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act 15-605	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technical Guidance for Inland Trout Fisheries Enhancement

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 81,656.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 27,219.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 108,875.00	

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

a. Authorized Representative		
Prefix	First Name Carolyn	Middle Name
Last Name Murata	Suffix	
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative	e. Date Signed 06/23/08	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/21/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893022
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-50-R-21

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
Organizational DUNS: 808322358	Department: Department of Fish and Game
Address: Street: 1812 Ninth Street	Division: Grants and Federal Assistance Branch
	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: First Name: Carolyn
County: Sacramento	Middle Name
State: California Zip Code 95814	Last Name Murata
Country: USA	Suffix:
	Email: cmurata@dfg.ca.gov

RECEIVED
JUN 27 2008
STATE-CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3559	Fax Number (give area code) (916) 327-6320
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-805	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
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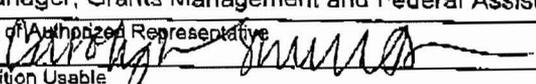
TITLE (Name of Program): Sport Fish Restoration Act	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Management of Marine Sport Fish
---	---

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

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 06/30/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 3,496,062.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 1,165,354.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 4,661,416.00	

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

a. Authorized Representative		
Prefix	First Name Carolyn	Middle Name
Last Name Murata	Suffix	
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative 	e. Date Signed 06/23/08	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/25/2008	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893023
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-114-D-6

5. APPLICANT INFORMATION		Organizational Unit:
Legal Name: State of California		Department: CA Department of Fish and Game
Organizational DUNS: 808322358		Division: Grant and Federal Assistance Branch
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento		Prefix: Middle Name
County: Sacramento		Last Name: Murata
State: Ca	Zip Code: 95814	Suffix:
Country: USA		Email: cmurata@dfg.ca.gov

RECEIVED
 JUN 27 2008
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567	Phone Number (give area code) (916) 445-3559	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) 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: 15-605	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fish Hatchery Operations
TITLE (Name of Program): Sport Fish Restoration Act	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide	

13. PROPOSED PROJECT Start Date: 07/01/2008 Ending Date: 07/01/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 581,820.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$ 193,940.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 775,760.00	

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

a. Authorized Representative	
Prefix	First Name Carolyn Middle Name
Last Name Murata	Suffix
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559
d. Signature of Authorized Representative	e. Date Signed 06-26-08

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/25/2008	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier R0893018
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-89-D-2

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: CA Department of Fish and Game
Organizational DUNS: 808322358	Division: Grant and Federal Assistance Branch
Address: Street: 1812 Ninth Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Carolyn
City: Sacramento	Middle Name
County: Sacramento	Last Name: Murata
State: Ca Zip Code 95814	Suffix:
Country: USA	Email: cmurata@dfg.ca.gov

RECEIVED
 JUN 27 2008
 STATE CLEARING HOUSE

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

Phone Number (give area code): (916) 445-3559
 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: Maintenance of Sport Fish Habitat and Angler Opportunity on Wildlife Areas

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

13. PROPOSED PROJECT

Start Date: 07/01/2008 Ending Date: 07/01/2009

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

15. ESTIMATED FUNDING:

a. Federal	\$	306,936.00
b. Applicant	\$	
c. State	\$	102,312.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	409,248.00

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

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

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

a. Authorized Representative

Prefix	First Name Carolyn	Middle Name
Last Name Murata	Suffix	
b. Title Manager, Grants Management and Federal Assistance Branch	c. Telephone Number (give area code) (916) 445-3559	
d. Signature of Authorized Representative <i>Carolyn Murata</i>	e. Date Signed 06-26-08	

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application; <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): <input type="checkbox"/> Other (Specify)
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* 3. Date Received:	4. Applicant Identifier:
---------------------	--------------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Livermore Police Department	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-8000359	* c. Organizational DUNS: 176315737

d. Address:

* Street1:	1110 South Livermore Avenue
Street2:	
* City:	Livermore
County:	
* State:	California
Province:	
* Country:	United States
* Zip / Postal Code:	94550

e. Organizational Unit:

Department Name: Livermore Police Department	Division Name: Support Services Division
---	---

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

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

Title: Captain

Organizational Affiliation:

* Telephone Number: (925) 371-4715	Fax Number: (925) 371-4724
------------------------------------	----------------------------

* Email: mweiss@ci.livermore.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

C

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

Office of Community Oriented Policing Services (COPS)

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety and Community Policing Grants

*** 12. Funding Opportunity Number:**

* Title:

COPS-OTHERECH-2008-1

13. Competition Identification Number:

Title:

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

City of Livermore

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

Livermore Police Department 2008 Technology Enhancement Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant CA-010 * b. Program/Project: CA-010

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

17. Proposed Project:
* a. Start Date: 10/01/2008 * b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	<u>266,560.00</u>
* b. Applicant	<u> </u>
* c. State	<u> </u>
* d. Local	<u> </u>
* e. Other	<u> </u>
* f. Program Income	<u> </u>
* g. TOTAL	<u>266,560.00</u>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2008

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

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

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

Yes No

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

**** I AGREE**

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

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

Prefix: _____ * First Name: Steve

Middle Name: _____

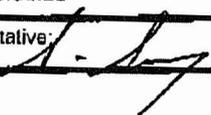
* Last Name: Sweeney

Suffix: _____

* Title: Chief of Police

* Telephone Number: (925) 371-4710 Fax Number: (925) 371-4724

* Email: esweeney@ci.livermore.ca.us

* Signature of Authorized Representative:  * Date Signed: 6/27/08

Authorized for Local Reproduction

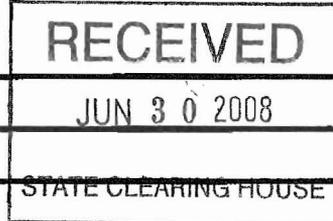
Application for Federal Assistance SF-424

Version 02

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

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

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



State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Sacramento County Sheriff's Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000529	* c. Organizational DUNS: 798047114
--	---

d. Address:

* Street1: 711 G Street, 4th Floor
Street2:
* City: Sacramento
County: Sacramento
* State: CA
Province:
* Country: US
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: Sheriff's Department	Division Name: Technical Services Division
---	--

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

Prefix: _____ * First Name: Tracy
Middle Name: _____
* Last Name: Kilcrease
Suffix: _____

Title: Grant Coordinator / Accountant I

Organizational Affiliation:
None

*** Telephone Number:** (916) 874-1625 **Fax Number:** (916) 874-8539

*** Email:** tkilcrease@sacsheriff.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety and Community Policing Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Cities and Counties

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

Computer Aided Dispatch (CAD) Technology Enhancement

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project: CAD Technology Enhancement

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

17. Proposed Project:

* a. Start Date: 09/01/2008

* b. End Date: 12/31/2009

18. Estimated Funding (\$):

* a. Federal	<u>327,355.00</u>
* b. Applicant	<u>0.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>327,355.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**** I AGREE**

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

Authorized Representative:

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

Prefix: _____ * First Name: John
Middle Name: _____
* Last Name: McGinness
Suffix: _____

* Title: Sheriff

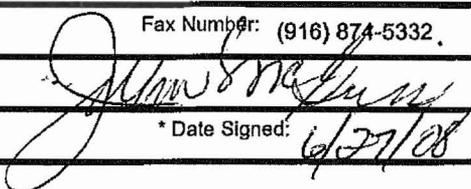
* Telephone Number: (916) 874-7146

Fax Number: (916) 874-5332

* Email: jmcginness@sacsheriff.com

* Signature of Authorized Representative: _____

* Date Signed: 6/27/08



Authorized for Local Reproduction

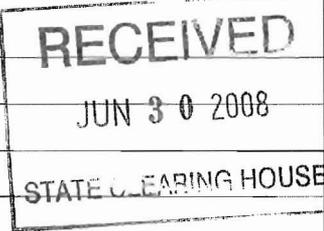
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 25, 2008	Applicant Identifier CA-04-0083
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Culver City	Organizational Unit: Department: Transportation
Organizational DUNS: 069693161	Division: Transportation Administration
Address: Street: 4343 Duquesne Avenue City: Culver City County: Los Angeles State: California Zip Code: 90232	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Grace Middle Name: Eng Last Name: Nadel Suffix:
Country: United States of America	Email: grace.eng@culvercity.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000701	Phone Number (give area code) (310) 253-6543	Fax Number (give area code) (310) 253-6513
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507	9. NAME OF FEDERAL AGENCY: Federal Transit Administration
---	---

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of six CNG buses for expansion	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Culver City
---	---

13. PROPOSED PROJECT Start Date: April 7, 2008 Ending Date: June 30, 2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 b. Project 33
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,096,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 25, 2008
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 524,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 2,620,000.00	

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

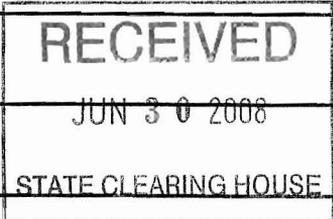
a. Authorized Representative		
Prefix Ms.	First Name Grace	Middle Name Eng
Last Name Nadel		Suffix
b. Title Senior Management Analyst/Grants Manager		c. Telephone Number (give area code) (310) 253-6543
d. Signature of Authorized Representative 		e. Date Signed June 30, 2008

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier: 94-1670490	*5b. Federal Award Identifier:
--	--------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: Spanish Speaking Unity Council

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1670490	*c. Organizational DUNS: 179084174
--	---------------------------------------

d. Address:

*Street 1: 1900 Fruitvale Avenue, Suite 2A
Street 2: _____
*City: Oakland
County: Alameda
*State: CA
Province: _____
*Country: United States
*Zip / Postal Code 94601

e. Organizational Unit:

Department Name: Peralta Service Corporation	Division Name: N/A
---	-----------------------

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

Prefix: Ms. *First Name: Marsha
Middle Name: G.
*Last Name: Murrington
Suffix: _____
Title: Executive Vice President

Organizational Affiliation:
N/A

*Telephone Number: 510-535-6913	Fax Number: 510-534-7771
---------------------------------	--------------------------

Email: mgm@unitycouncil.org

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Health & Human Services Administration for Children and Families, Office of Community Services

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Economic Development Program Operational Projects

***12 Funding Opportunity Number:**

HHS-2008-ACF-OCS-EE-0024

*Title:

Community Economic Development Program Operational Projects

13. Competition Identification Number:

Title:

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

Alameda County and Contra Costa County, California

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

Peralta Service Corporation Weatherization Installation Professionals Plan

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-009

*b. Program/Project: 9

17. Proposed Project:

*a. Start Date: 1/1/2009

*b. End Date: 12/31/2011

18. Estimated Funding (\$):

*a. Federal	675,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$675,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/24/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- 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: Marsha

Middle Name: G.

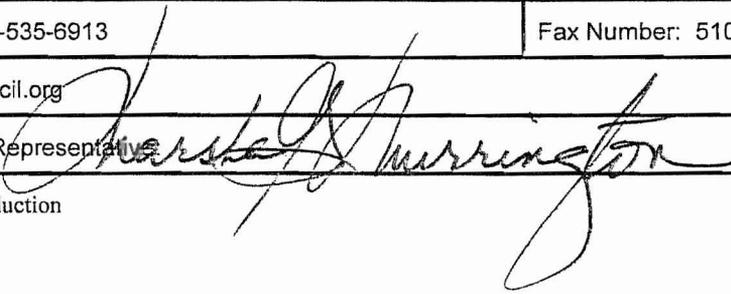
*Last Name: Murrington

Suffix: _____

*Title: Executive Vice President

*Telephone Number: 510-535-6913 Fax Number: 510-534-7771

* Email: mgm@unitycouncil.org

*Signature of Authorized Representative:  *Date Signed: 6-24-2008

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.

Application for Federal Assistance SF-424

Version 02

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

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

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



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Orange County Coastkeeper	_____
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0847892	* c. Organizational DUNS: 089079375

d. Address:

* Street1: 3151 Airway Avenue
Street2: Suite F-110
* City: Costa Mesa
County: Orange
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92626

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: Lee
Middle Name: _____	
* Last Name: Reeder	
Suffix: _____	

Title: Associate Director

Organizational Affiliation: Inland Empire Waterkeeper

* Telephone Number: 951-689-6842	Fax Number: 951-689-6273
---	---------------------------------

* Email: Lee@iewaterkeeper.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.604

CFDA Title:

Environmental Justice Small Grant Program

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-08-01

* Title:

ENVIRONMENTAL JUSTICE SMALL GRANTS PROGRAM

13. Competition Identification Number:

Title:

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

Unincorporated community of Bloomington, Cities of Fontana, Ontario and Rancho Cucamonga within the County of San Bernardino, California.

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

Scrap Yard Investigations in Western San Bernardino County.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,000.00"/>

*** 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:

Middle Name:

* Last Name:

Suffix:

* Title:

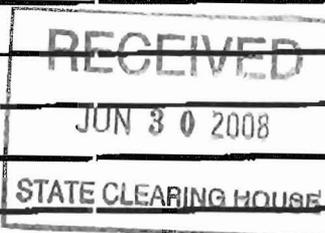
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Santa Clara County District Attorney		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000533		* c. Organizational DUNS: 040953916
d. Address:		
* Street1:	70 West Hedding Street, 5th Floor	
Street2:		
* City:	San Jose	
County:	Santa Clara	
* State:	CA	
Province:		
* Country:	United States	
* Zip / Postal Code:	95110	
e. Organizational Unit: Community Prosecution Unit		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Stephen	
Middle Name:		
* Last Name:	Gibbons	
Suffix:		
Title: Assistant District Attorney		
Organizational Affiliation:		
* Telephone Number: 408-792-2570	Fax Number: (408) 279-6742	
* Email: sgibbons@da.sccgov.org		



Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: County Government Type of Applicant 2: Type of Applicant 3: * Other (specify):	
* 10. Name of Federal Agency: U.S. Department of Justice, Office of Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-OTHERTECH-2008-1 * Title: COPS FY2008 Technology Program (Tech)	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Cities: Campbell, Cupertino, Gilroy, Los Altos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, Sunnyvale, the Towns of Los Gatos and Los Altos Hills, County: Santa Clara State: California	
* 15. Descriptive Title of Applicant's Project: Santa Clara County Criminal Justice Data Integration Project	
Attach supporting documents as specified in agency instructions. Map	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-011, CA-014, CA-015, CA-016	* b. Program/Project: CA-011, CA-014, CA-015, CA-016
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 01/01/2009	* b. End Date: 12/31/2011
18. Estimated Funding (\$):	
* a. Federal	1,262,655.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	1,262,655.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/27/2008</u>	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: Ms.	* First Name: Dolores
Middle Name: A.	_____
* Last Name: Carr	_____
Suffix: _____	_____
* Title: District Attorney of Santa Clara County California	
* Telephone Number: 408-792-2855	Fax Number: 408-287-5076
* Email: dolorescarr@da.sccgov.org	
* Signature of Authorized Representative: <i>Dolores A Carr</i>	* Date Signed: 6/27/08

Authorized for Local Reproduction

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Santa Clara County District Attorney		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000533		* c. Organizational DUNS: 040953916
d. Address:		
* Street1: 70 West Hedding Street, 5th Floor		
Street2:		
* City: San Jose		
County: Santa Clara		
* State: CA		
Province:		
* Country: United States		
* Zip / Postal Code: 95110		
e. Organizational Unit: Community Prosecution Unit		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		* First Name: Stephen
Middle Name:		
* Last Name: Gibbons		
Suffix:		
Title: Assistant District Attorney		
Organizational Affiliation:		
* Telephone Number: 408-792-2570		Fax Number: (408) 279-8742
* Email: sgibbons@da.sccgov.org		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U.S. Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-OTHERECH-2008-1

* Title:

COPS FY2008 Technology Program (Tech)

13. Competition Identification Number:

Title:

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

Cities: Campbell, Cupertino, Gilroy, Los Altos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, Sunnyvale, the Towns of Los Gatos and Los Altos Hills,

County: Santa Clara

State: California

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

Santa Clara County Criminal Justice Data Integration Project

Attach supporting documents as specified in agency instructions.

Map

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-011, CA-014, CA-015, CA-016

* b. Program/Project: CA-011, CA-014, CA-015, CA-016

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

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 12/31/2011

18. Estimated Funding (\$):

* a. Federal	<u>1,262,655.00</u>
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	<u>1,262,655.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**** I AGREE**

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

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Ms. * First Name: Dolores
Middle Name: A.
* Last Name: Carr
Suffix: _____

* Title: District Attorney of Santa Clara County California

* Telephone Number: 408-792-2855

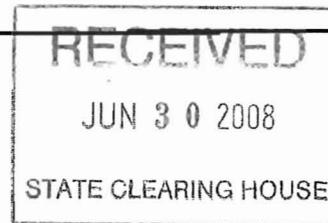
Fax Number: 408-287-5076

* Email: dolorescarr@da.sccgov.org

* Signature of Authorized Representative: Dolores A Carr * Date Signed: 6/27/08

Authorized for Local Reproduction

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: National Farm Workers Service Center Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2466747		*c. Organizational DUNS: 0741296851602
d. Address:		
*Street 1:	2500 Merced Street	
Street 2:	_____	
*City:	Fresno	
County:	Fresno	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	93721	
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: Sabrina
Middle Name:	_____	
*Last Name:	Padama	
Suffix:	_____	
Title:	Acquisitions Specialist	
Organizational Affiliation:		
*Telephone Number: 559-497-0164		Fax Number: 559-497-8335
*Email: spadama@nfwsc.org		



Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:14.157

CFDA Title:

Supportive Housing for the Elderly***12 Funding Opportunity Number:**FR-5200-N-26

*Title:

SEction 202 Supportive Housing for the Elderly**13. Competition Identification Number:**S202-26

Title:

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

City of Bakersfield, County of Kern, State of California

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

HUD Section 202 Capital Advance Grant to develop 48 units of newly constructed housing for senior citizens. The units will be located at 1655 E. California Avenue, Bakersfield California.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-022

*b. Program/Project: CA-020, CA-021, CA-022

17. Proposed Project:

*a. Start Date: 01/20/2009

*b. End Date: 07/20/2010

18. Estimated Funding (\$):

*a. Federal	<u>7200000</u>
*b. Applicant	<u>10000</u>
*c. State	<u> </u>
*d. Local	<u> </u>
*e. Other	<u> </u>
*f. Program Income	<u> </u>
*g. TOTAL	<u>7210000</u>

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

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

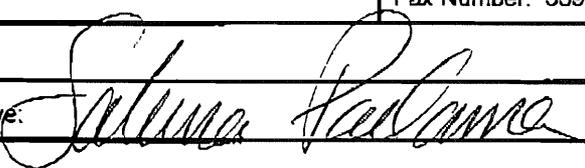
Authorized Representative:

Prefix: _____ *First Name: Sabrina

Middle Name: _____

*Last Name: Padama

Suffix: _____

*Title: Acquisitions Specialist*Telephone Number: 559-497-0164Fax Number: 559-497-8335* Email: spadama@nfwsc.org*Signature of Authorized Representative: *Date Signed: 6/30/08

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation * Other (Specify) <input type="radio"/> Revision
* 3. Date Received: _____		4. Applicant Identifier: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 30 2008 STATE CLEARING HOUSE </div>
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: Santa Clara County District Attorney		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000533		* c. Organizational DUNS: 040953916
d. Address:		
* Street1:	70 West Hedding Street, 5th Floor	
Street2:	_____	
* City:	San Jose	
County:	Santa Clara	
* State:	CA	
Province:	_____	
* Country:	United States	
* Zip / Postal Code:	95110	
e. Organizational Unit: Community Prosecution Unit		
Department Name: _____		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Stephen	
Middle Name: _____	_____	
* Last Name: Gibbons	_____	
Suffix: _____	_____	
Title: Assistant District Attorney		
Organizational Affiliation: _____		
* Telephone Number: 408-792-2570		Fax Number: (408) 279-8742
* Email: sgibbons@da.sccgov.org		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1:

County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

U.S. Department of Justice, Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2008-1

* Title:

COPS FY2008 Technology Program (Tech)

13. Competition Identification Number:

Title:

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

Cities: Campbell, Cupertino, Gilroy, Los Altos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, Sunnyvale, the Towns of Los Gatos and Los Altos Hills,
County: Santa Clara
State: California

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

Santa Clara County Criminal Justice Data Integration Project

Attach supporting documents as specified in agency instructions.

Map

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-011, CA-014, CA-015, CA-016	* b. Program/Project: CA-011, CA-014, CA-015, CA-016
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date: 01/01/2009	* b. End Date: 12/31/2011
18. Estimated Funding (\$):	
* a. Federal	1,262,655.00
* b. Applicant	_____
* c. State	_____
* d. Local	_____
* e. Other	_____
* f. Program Income	_____
* g. TOTAL	1,262,655.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/27/2008</u>	
<input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102	
Prefix: Ms.	* First Name: Dolores
Middle Name: A.	_____
* Last Name: Carr	_____
Suffix: _____	_____
* Title: District Attorney of Santa Clara County California	
* Telephone Number: 408-792-2855	Fax Number: 408-287-5076
* Email: dolorescarr@da.sccgov.org	
* Signature of Authorized Representative: <i>Dolores A Carr</i>	* Date Signed: 6/27/08

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