

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

Version 02

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

<b>3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
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<b>5a. Federal Entity Identifier:</b> _____	<b>*5b. Federal Award Identifier:</b> _____
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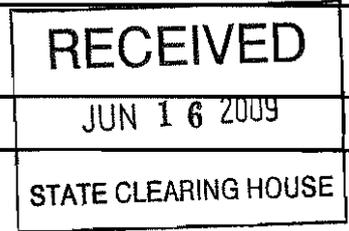
**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Senior Service America, Inc.

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 52-6048236	<b>*c. Organizational DUNS:</b> 84-985-4310
---	--



**d. Address:**

<b>*Street 1:</b> 8403 Colesville Road
<b>Street 2:</b> Suite 1200
<b>*City:</b> Silver Spring
<b>County:</b> _____
<b>*State:</b> Maryland
<b>Province:</b> _____
<b>*Country:</b> USA
<b>*Zip / Postal Code:</b> 20902

**e. Organizational Unit:**

<b>Department Name:</b> Senior Community Service Employment Program	<b>Division Name:</b> _____
--	--------------------------------

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

<b>Prefix:</b> Mr.	<b>*First Name:</b> Anthony
<b>Middle Name:</b> R.	
<b>*Last Name:</b> Sarmiento	
<b>Suffix:</b> _____	

**Title:** President and Executive Director

**Organizational Affiliation:** \_\_\_\_\_

**\*Telephone Number:** 301-578-8469      **Fax Number:** 301-578-8947

**\*Email:** tsarmiento@ssa-i.org

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Labor, Employment and Training Administration

**11. Catalog of Federal Domestic Assistance Number:**

17.235

CFDA Title:

Senior Community Service Employment Program

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

See attached spreadsheet

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

Promote part-time community service and work-based training opportunities for low-income individuals age 55 and older, and foster self-sufficiency.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: MD 4

\*b. Program/Project:

**17. Proposed Project:**

\*a. Start Date: 07/01/09

\*b. End Date: 06/30/10

**18. Estimated Funding (\$):**

*a. Federal	65,906,368
*b. Applicant	7,322,930
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	73,229,298

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \_\_\_\_\_ \*First Name: Anthony \_\_\_\_\_  
Middle Name: R. \_\_\_\_\_  
\*Last Name: Sarmiento \_\_\_\_\_  
Suffix: \_\_\_\_\_

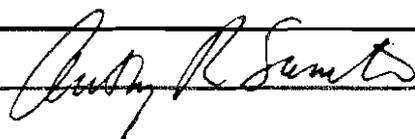
\*Title: President and Executive Director

\*Telephone Number: 301-578-8469

Fax Number: 301-578-8947

\* Email: tsarmiento@ssai.org

\*Signature of Authorized Representative:



\*Date Signed: 6/12/2009

Application for Federal Assistance SF-424

Version: 02

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

[ ]

\* Other (Specify):

[ ]

R9 Tracking # :  
C9-211

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:

[ ]

B. APPLICANT INFORMATION:

a. Legal Name: Humboldt Waste Management Authority

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

Humboldt Waste Management Authority/68-0451480

c. Organizational DUNS:

110439531

d. Address:

Street1:

1059 W. Hawthorne St.

Street2:

[ ]

City:

Eureka

County:

[ ]

State:

California

Province:

[ ]

Country:

USA

Zip / Postal Code:

95501

e. Organizational Unit:

Department Name:

Integrated Waste Management Program

Division Name:

Organics division

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

Prefix:

[ ]

\* First Name:

Julette

Middle Name:

[ ]

\* Last Name:

Bohn

Suffix:

[ ]

Title:

Project Manager

Organizational Affiliation:

Humboldt Waste Management Authority

\* Telephone Number:

(707) 268-8680

Fax Number:

(707) 268-8927

\* Email:

jbohn@hwma.net

RECEIVED  
JUN 10 2009  
STATE CLEARING HOUSE

RECEIVED

MAY 18 2009

CMO, INFO-1

OMB Number: 4040-0001  
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Environmental Protection Agency, Region 9

11. Catalog of Federal Domestic Assistance Number:

66.808

CFDA Title:

Solid Waste Management Assistance Grants

\* 12. Funding Opportunity Number:

EPA-R9-WST7-09-002

\* Title:

Solid Waste Management Assistance Grant

13. Competition Identification Number:

Title:

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

State of California

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

Permitting Toolkit for a Stand-Alone Organic Waste Digester

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

SEE ATTACHED SITE MAP

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	\$29,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$29,000.00

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.

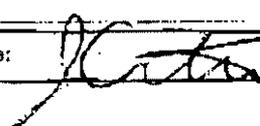
Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

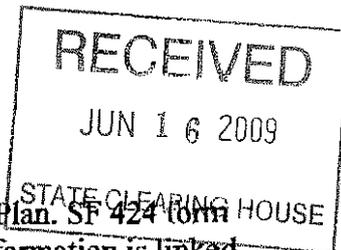
\* Signature of Authorized Representative:  \* Date Signed:

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



# SF 424



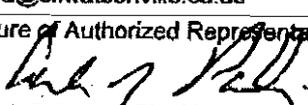
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

## SF 424

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

Date Submitted	Applicant Identifier	Type of Submission	
June 15, 2009		Application	Pre-application
Date Received by state	State Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
City of Watsonville		CA83966 WATSONVILLE	
250 Main Street		Organizational DUNS 010939452	
PO Box 50000		Organizational Unit	
Watsonville	California	Redevelopment and Housing Department	
95076	Country U.S.A.	Division	
<b>Employer Identification Number (EIN):</b>		Santa Cruz County	
94-6000451		7/1	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: City		Specify Other Type	
<b>Program Funding</b>		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles City Program Year 2008-09 CDBG Projects		Description of Areas Affected by CDBG Project(s)	
\$856,838		City of Watsonville, California	
\$Additional Federal Funds Leveraged		\$Additional HUD Grant(s) Leveraged Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$200,000		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
N/A		Description of Areas Affected by HOME Project(s)	
\$HOME Grant Amount		\$Additional HUD Grant(s) Leveraged Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	

\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
N/A		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
N/A		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
CA-17	CA-17		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 6/15
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Jackie	Middle Initial	Ventura
Administrative Analyst	831-768-3080	831-763-4114
jventura@ci.watsonville.ca.us	www.ci.watsonville.ca.us	Other Contact
Signature of Authorized Representative 		June 12, 2009
Carlos J. Palacios, City Manager		

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:      * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation                      * Other (Specify) <input type="checkbox"/> Revision	
* 3. Date Received: _____ Completed by Grants.gov upon submission.		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: _____
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>  <b>JUN 16 2009</b>  <b>STATE CLEARING HOUSE</b> </div>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <b>Tulare Pacific Associates, a California Limited Partnership</b>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)		* c. Organizational DUNS: (not yet received)
d. Address:		
* Street1:	430 East State Street, Suite 100	
Street2:		
* City:	Eagle	
County:	Ada	
* State:	Idaho	
Province:		
* Country:	USA: United State of America	
* Zip / Postal Code:	83616	
e. Organizational Unit:		
Department Name: <b>California Limited Partnership</b>		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: <b>Margo</b>	
Middle Name:	<b>E.</b>	
* Last Name:	<b>Swedberg</b>	
Suffix:		
Title:	<b>Owner / Consultant</b>	
Organizational Affiliation: <b>Gar-Mar Associates</b>		
* Telephone Number: <b>530/823-9250</b>		Fax Number: <b>530/823-2169</b>
* Email: <b>garmar@ncbb.net</b>		

**Application for Federal Assistance SF-424**

Version 02

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

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

\* 12. Funding Opportunity Number:

N/A

\* Title:

N/A

13. Competition Identification Number:

Title:

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

Tulare, Tulare County, California

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

Cross & West Apartments: a 49-unit farm labor housing complex; consisting of 16/2-bdrm units; 25/3-bdrm units; & 8/4-bdrm units - to be located on the southwest corner of Cross & West Streets in Tulare, Tulare County, California.

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 **ID-001**

\* b. Program/Project **CA-021**

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

**17. Proposed Project:**

\* a. Start Date: **10/01/2010**

\* b. End Date: **10/01/2011**

**18. Estimated Funding (\$):**

* a. Federal	<b>3,000,000.00</b>	USDA-RD FLH-514 funding
* b. Applicant	<b>200,000.00</b>	Deferred Developer's Fee
* c. State	<b>2,800,000.00</b>	City of Tulare / HOME & RDA Funds
* d. Local	<b>800,000.00</b>	Permanent Lender / Conventional Loan
* e. Other	<b>7,800,000.00</b>	Tax Credit Equity
* f. Program Income		
* g. TOTAL	<b>14,600,000.00</b>	Total Development Cost

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **06-16-2009**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: **Caleb**

Middle Name: **J.**

\* Last Name: **Roope, Manager for:**

Suffix:

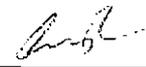
\* Title: **Roope, LLC - General Partner**

\* Telephone Number: **208/461-0022 ext.3015** Fax Number: **208/461-3267**

\* Email: **calebr@tpchousing.com**

\* Signature of Authorized Representative:  Completed by Grants.gov upon submission. \* Date Signed: **06-16-2009**

Authorized for Local Reproduction

By: 

<b>Application for Federal Assistance SF-424</b>		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: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation * Other (Specify) <input type="checkbox"/> Revision
* 3. Date Received: [Completed by Grants.gov upon submission.]		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 1.1em; margin: 5px 0 0 20px;">JUN 16 2009</p> <p style="font-size: 1.1em; margin: 5px 0 0 20px;">STATE CLEARING HOUSE</p> </div>
4. Applicant Identifier: [ ]		
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	[ ]	7. State Application Identifier: [ ]
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <b>Greenfield Pacific Associates, a California Limited Partnership</b>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)		* c. Organizational DUNS: (not yet received)
<b>d. Address:</b>		
* Street1:	430 East State Street, Suite 100	
Street2:	[ ]	
* City:	Eagle	
County:	Ada	
* State:	Idaho	
Province:	[ ]	
* Country:	USA: United State of America	
* Zip / Postal Code:	83616	
<b>e. Organizational Unit:</b>		
Department Name:	California Limited Partnership	
Division Name:	[ ]	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	* First Name: <b>Margo</b>	
Middle Name:	E.	
* Last Name:	<b>Swedberg</b>	
Suffix:	[ ]	
Title:	<b>Owner / Consultant</b>	
Organizational Affiliation:	<b>Gar-Mar Associates</b>	
* Telephone Number:	530/823-9250	Fax Number: 530/823-2169
* Email:	garmar@ncbb.net	

**Application for Federal Assistance SF-424**

**Version 02**

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

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-405

CFDA Title:

Farm Labor Housing Loans / Section 514/516

\* 12. Funding Opportunity Number:

N/A

\* Title:

N/A

13. Competition Identification Number:

Title:

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

Greenfield, Montgerery County, California

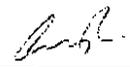
\* 15. Descriptive Title of Applicant's Project:

Terracina Oaks Apartments: a 49-unit multi-family apartment complex; consisting of 24/2-bdrm units & 25/3-bdrm units - to be located at 1274 Oak Avenue (aka 40329 Oak Avenue) in Greenfield, Monterey County, California

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="ID-001"/>	* b. Program/Project <input type="text" value="CA-017"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>		<input type="button" value="Add Attachment"/>
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="10/01/2010"/>	* b. End Date: <input type="text" value="10/01/2011"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="3,000,000.00"/>	USDA-RD FLH-514 funding
* b. Applicant	<input type="text" value="200,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="2,000,000.00"/>	City of Greenfield / HOME Funds
* d. Local	<input type="text" value="1,000,000.00"/>	Permanent Lender / Conventional Loan
* e. Other	<input type="text" value="9,200,000.00"/>	Tax Credit Equity
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="15,400,000.00"/>	Total Development Cost
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06-16-2009</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
<b>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)</b>		
<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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Caleb"/>	
Middle Name:	<input type="text" value="J."/>	
* Last Name:	<input type="text" value="Roope, Manager for:"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Roope, LLC - General Partner"/>	
* Telephone Number:	<input type="text" value="208/461-0022 ext.3015"/>	Fax Number: <input type="text" value="208/461-3267"/>
* Email:	<input type="text" value="calebr@tpchousing.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission"/>	* Date Signed: <input type="text" value="06-16-2009"/>

Authorized for Local Reproduction

By: 

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

**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)

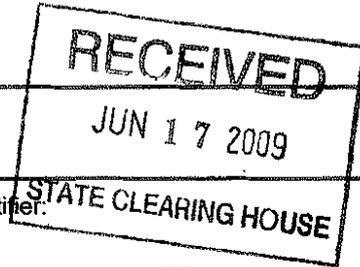
\*Other (Specify) \_\_\_\_\_

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: The National Council on Aging

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
13-1932384

\*c. Organizational DUNS:  
07-4838848

**d. Address:**

\*Street 1: 1901 L Street, NW Suite 400  
Street 2: \_\_\_\_\_  
\*City: Washington  
County: \_\_\_\_\_  
\*State: DC  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 20036

**e. Organizational Unit:**

Department Name:  
Workforce Development

Division Name:

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

Prefix: Ms. \*First Name: Sandra  
Middle Name: \_\_\_\_\_  
\*Last Name: Nathan  
Suffix: \_\_\_\_\_

Title: Vice President, Workforce Development

Organizational Affiliation:

\*Telephone Number: 202-479-6676

Fax Number: 202-479-0735

\*Email: sandra.nathan@ncoa.org

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Labor, Employment and Training Association

**11. Catalog of Federal Domestic Assistance Number:**

17.235 \_\_\_\_\_

CFDA Title:

Title V, SCSEP National Grant Funds "G" \_\_\_\_\_

**\*12 Funding Opportunity Number:**

OWI-DAS \_\_\_\_\_

\*Title:

Senior Community Service Employment Program \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

CA, NY, LA, NC, PA, WV, KY, GA, NJ, VA

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

To provide low income older workers with training and employment opportunities.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: District 1 - DC

\*b. Program/Project: Multiple

**17. Proposed Project:**

\*a. Start Date: July 1, 2009

\*b. End Date: June 30, 2010

**18. Estimated Funding (\$):**

*a. Federal	_____	\$33,352,281
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	3,705,809
*f. Program Income	_____	
*g. TOTAL	_____	\$37,058,090

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \_\_\_\_\_ \*First Name: James \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: Firman \_\_\_\_\_  
Suffix: \_\_\_\_\_

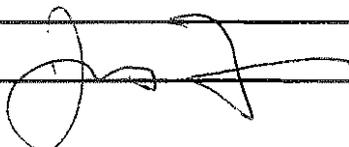
\*Title: President

\*Telephone Number: 202-479-6601

Fax Number: 202-479-0735

\* Email: james.firman@ncoa.org

\*Signature of Authorized Representative:



\*Date Signed:

6/15/07

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision	* Other (Specify)
*3. Date Received:	4. Application Identifier:		
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>JUN 17 2009</p> <p>STATE CLEARING HOUSE</p> </div>

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Regents of the University of California, Davis Campus	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 04-712-0084

**d. Address:**

\*Street 1: Office of Research, Sponsored Programs Unit  
 Street 2: 1850 Research Park Dr., Suite 300  
 \*City: Davis  
 County: Yolo  
 \*State: California  
 Province:  
 Country: U.S.A. \*Zip/ Postal Code: 95618

**e. Organizational Unit:**

Department Name: Plant Pathology	Division Name: College of Agricultural and Environmental Sciences
-------------------------------------	--

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

Prefix: Dr. First Name: *Douglas*  
 Middle Name:  
 \*Last Name: *Gubler*  
 Suffix:  
 Title: *Cooperative Extension Specialist*

Organizational Affiliation:  
 Departments of Plant Pathology and Entomology, U.C. Davis

*Telephone Number: 530-752-0304	Fax Number: 530-754-9077
*Email: <i>wgubler@ucdavis.edu</i>	

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:  
- Select One -

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

\*Other (specify):

\*10. Name of Federal Agency:  
U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:  
66.714  
CFDA Title:  
Pesticide Environmental Stewardship Regional Grants

\*12. Funding Opportunity Number: EPA-OPP-09-004  
\*Title: Pesticide Environmental Stewardship Program (PESP) Regional Grants

13. Competition Identification Number:  
Title:

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

\*15. Descriptive Title of Applicant's Project:  
Using a native mycophagous beetle as an indicator and decision support device for powdery mildew management in California vineyards

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-003, CA-001

\*b. Program/Project: CA-all

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

17. Proposed Project:

\*a. Start Date: September 1, 2009

\*b. End Date: August 31, 2010

**18. Estimated Funding (\$):**

\*a. Federal \$49,572.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$49,572.00

**\*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

6/12/09  
via US Post

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr

\*First Name: David

Middle Name:

\*Last Name: Ricci

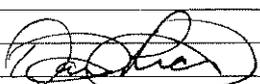
Suffix:

\*Title: Contracts and Grants Analyst

\*Telephone Number: 530-754-8094

Fax Number: 530-754-8367

\*Email: fdricci@ucdavis.edu

\*Signature of Authorized Representative: 

Date Signed: 6/12/09

**Application for Federal Assistance SF-424**

Version 02

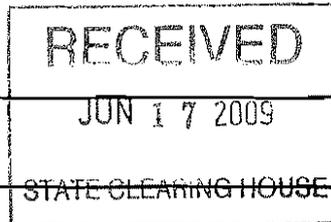
\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

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

\* If Revision, select appropriate letter(s):



\* 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: **Arvin Pacific Associates, a California Limited Partnership**

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

\* c. Organizational DUNS:  
**(not yet received)**

**d. Address:**

\* Street1: **430 East State Street, Suite 100**

Street2:

\* City: **Eagle**

County: **Ada**

\* State: **Idaho**

Province:

\* Country: **USA: United State of America**

\* Zip / Postal Code: **83616**

**e. Organizational Unit:**

Department Name:  
**California Limited Partnership**

Division Name:

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

Prefix:

\* First Name: **Margo**

Middle Name: **E.**

\* Last Name: **Swedberg**

Suffix:

Title: **Owner / Consultant**

Organizational Affiliation:  
**Gar-Mar Associates**

\* Telephone Number: **530/823-9250**

Fax Number: **530/823-2169**

\* Email: **garmar@ncbb.net**

**Application for Federal Assistance SF-424** Version 02

**9. Type of Applicant 1: Select Applicant Type:**  
Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:  
USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:  
10-405

CFDA Title:  
Farm Labor Housing Loans / Section 514/516

\* 12. Funding Opportunity Number:  
N/A

\* Title:  
N/A

13. Competition Identification Number:

Title:

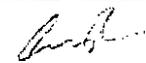
14. Areas Affected by Project (Cities, Counties, States, etc.):  
Arvin, Kern County, California

\* 15. Descriptive Title of Applicant's Project:  
Arvin Family Apartments: a 49-unit farm labor housing complex; consisting of 16/2-bdrm units; 25/3-bdrm units; & 8/4-bdrm units - to be located on the southeast corner of Varsity Road & Campus Drive in Arvin, Kern County, California.

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="ID-001"/>	* b. Program/Project <input type="text" value="CA-022"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>		<input type="button" value="Add Attachment"/>
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="10/01/2010"/>	* b. End Date: <input type="text" value="10/01/2011"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="3,000,000.00"/>	USDA-RD FLH-514 funding
* b. Applicant	<input type="text" value="195,703.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="6,255,939.00"/>	Tax Credit Equity
* d. Local	<input type="text" value="1,000,000.00"/>	Permanent Loan
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="10,451,642.00"/>	Total Development Cost
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06-17-2009		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
<b>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)</b>		
<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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Caleb"/>	
Middle Name:	<input type="text" value="J."/>	
* Last Name:	<input type="text" value="Roope, Manager for:"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Roope, LLC - General Partner"/>	
* Telephone Number:	<input type="text" value="208/461-0022 ext.3015"/>	Fax Number: <input type="text" value="208/461-3267"/>
* Email:	<input type="text" value="calebr@tpchousing.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="06-17-2009"/>

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By: 

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

ATTACHMENT NO. 1

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 15, 2009	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	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: County of El Dorado		Department: Transportation	
Organizational DUNS: 07-154-3201		Division: Airports	
Address: Street: 2850 Fairlane Court		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Placerville		Prefix: Mr.	First Name: Jeff
County: El Dorado		Middle Name	
State: California		Last Name: Moore	
Zip Code: 95667	Suffix:		
Country: USA		Email: JMoore@edcgov.us	

**RECEIVED**  
 JUN 17 2009  
 STATE CLEARING HOUSE

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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): JMoore@edcgov.us		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Placerville Airport, El Dorado County, California West Hangar & Apron Area Crack Repair and Slurry Seal Remark Runway Blast Pads Runway Exit Taxiway - West End	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Placerville, El Dorado County, California			

13. PROPOSED PROJECT Start Date: July 2009 Ending Date: December 2009		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	\$ 319,200 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2009	
b. Applicant	\$ 8,821 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 7,979 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 336,000 <sup>00</sup>		

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 Russell	Middle Name
Last Name Nygaard		Suffix
b. Title Deputy Director - Design, Department of Transportation		c. Telephone Number (give area code) (916) 358-3551
d. Signature of Authorized Representative <i>Russell A. Nygaard</i>		e. Date Signed 6-17-2009

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

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

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> Date Application Identifier
<b>2. DATE SUBMITTED</b> Applicant Identifier		<b>4. a. Federal Identifier</b> DE-FG02-92ER40693
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 092530369		<b>b. Agency Routing Number</b>
* Legal Name: Regents of the University of California		
Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles		
* Street1: 11000 Kinross Ave, Suite 102		
Street2:		
* City: Los Angeles County / Parish:		
* State: CA: California Province:		
* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406		
Person to be contacted on matters involving this application		
Prefix: Ms. * First Name: Kristin Middle Name:		
* Last Name: Lund Suffix:		
* Phone Number: 310-794-0171 Fax Number: 310-794-0631		
Email: klund@readmin.ucla.edu		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 1956006143A1		
<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education		
Other (Specify):		
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
<b>8. * TYPE OF APPLICATION:</b> If Revision, mark appropriate box(es).		
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration		
<input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revisor <input type="checkbox"/> E. Other (specify):		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		
<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Experimental and Theoretical Investigations in Accelerator Physics		
<b>12. PROPOSED PROJECT:</b> * Start Date: 11/01/2009 * Ending Date: 10/31/2012		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT:</b> CA-030
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
Prefix: Prof. * First Name: James Middle Name:		
* Last Name: Rosenzweig Suffix:		
Position/Title:		
* Organization Name: James Rosenzweig		
Department: 1000 Division: Univ. of Calif, Los Angeles		
* Street1: Box 951547		
Street2: UCLA Physics & Astronomy		
* City: Los Angeles County / Parish:		
* State: CA: California Province:		
* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406		
* Phone Number: 310-206-4541 Fax Number:		
* Email: rosen@physics.ucla.edu		

**RECEIVED**  
JUN 18 2009  
STATE CLEARING HOUSE

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

<b>15. ESTIMATED PROJECT FUNDING</b>		<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Total Federal Funds Requested	<input type="text" value="3,510,002.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text" value="06/15/2009"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="3,510,002.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

\* I agree

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

**18. SFLLL or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**20. Pre-application**

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/10/09	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: University of Southern California

Organizational DUNS: 072933393

Address: University Campus, City: Los Angeles, County: Los Angeles, State: CA, Zip Code: 90089-0626

Country: USA

Organizational Unit: Department: School of Policy, Planning, and Development; Division: Institute for Civic Enterprise

Name and telephone number of person to be contacted on matters involving this application (give area code):  
Prefix: Middle Name: Last Name: Mitchell, First Name: Leonard, Suffix:

Email: mitchell@usc.edu

RECEIVED

JUN 18 2009

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1642394

Phone Number (give area code): (213) 740-1487

Fax Number (give area code): (213) 740-0373

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

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: J. Private University

8. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307

TITLE (Name of Program): Economic Adjustment Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: USC Center for Economic Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Mariposa, Merced, Mono, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, Ventura

13. PROPOSED PROJECT

Start Date: 05/01/2008 Ending Date: 04/30/2009

14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 32 b. Project Districts 3, 5, 11, 18-52

15. ESTIMATED FUNDING:

a. Federal	\$ 750,000.00
b. Applicant	\$ 265,415.00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 1,015,414.00

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: George Ann Cherry, Sr. Contract & Grant Administrator, Department of Contracts & Grants

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

d. Signature of Authorized Representative: *George Ann Cherry*

c. Telephone Number (give area code): 213/740-6062

e. Date Signed: 6/17/2009



## Coachella Valley Housing Coalition

45-701 Monroe Street, Suite G, Indio, CA 92201  
TEL: (760) 347-3157 FAX: (760) 342-6466

June 17, 2009

Governor's Office of Planning & Research  
1400 Tenth Street  
Sacramento, CA 95814

**VIA FAX: (916) 323-3018**

Re: Evidence of Compliance with EO 12372

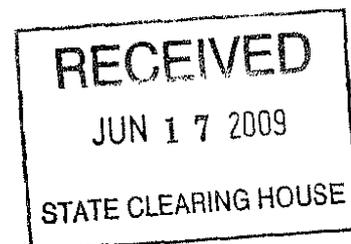
Dear Ms. Fernandez,

The purpose of this letter is to request a letter stating that The Coachella Valley Housing Coalition has complied with the Areawide Clearinghouse Review. The information is needed to complete an application that we are submitting to USDA Rural Development for funding to build an 85 unit Farm worker Apartment Complex in Indio, CA. The name of the project is Fred Young Phase I and the CDFR number for this project is 10-405. I have attached a copy of the SF 424 and a project description for your information.

Please do not hesitate to call me if you have any questions or require additional information.

Sincerely,

  
Mary Ann Ybarra  
Senior Project Manager

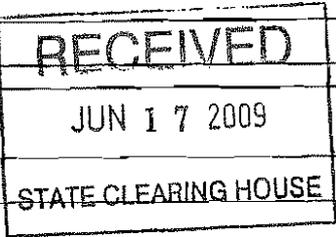


**APPLICATION FOR FEDERAL ASSISTANCE**

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

**6. APPLICANT INFORMATION**

Legal Name: Coachella Valley Housing Coalition	<b>Organizational Unit:</b> Department:
Organizational DUNS: 61-328-1070	Division:
<b>Address:</b> Street: 45701 Monroe St., Ste. G City: Indio County: Riverside State: CA Zip Code 92201	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: John Middle Name: F. Last Name: Mealey Suffix:
Country: United States	Email: john.mealey@cvhc.org



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

95-3814898

Phone Number (give area code) (760) 347-3157	Fax Number (give area code) (760) 342-6466
---	---

**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:**

10-405

TITLE (Name of Program):  
USDA Farm Labor Housing Loan / Grant Program - Section 514

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

Indio, Riverside, CA

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

85 unit farmworker apartment complex. Unit mix consists of the following:

- 12 - One bedroom / one bath units
- 33 - Two bedroom / one bath units
- 29 - Three bedroom / two bath units

**13. PROPOSED PROJECT**

Start Date: 02/15/11  
Ending Date: 04/30/12

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 41st  
b. Project 41st

**15. ESTIMATED FUNDING:**

a. Federal	\$	3,359,000 <sup>00</sup>
b. Applicant	\$	302,498 <sup>00</sup>
c. State	\$	3,000,000 <sup>00</sup>
d. Local	\$	500,000 <sup>00</sup>
e. Other Tax Credit Equity	\$	13,414,618 <sup>00</sup>
f. Program Income	\$	
g. TOTAL	\$	20,576,116 <sup>00</sup>

**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.**

<b>a. Authorized Representative</b>		
Prefix	First Name John	Middle Name F.
Last Name Mealey	Suffix	
<b>b. Title</b> Executive Director	<b>c. Telephone Number (give area code)</b> (760) 347-3157	
<b>d. Signature of Authorized Representative</b>	<b>e. Date Signed</b> 06/17/09	

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

Application for Federal Assistance SF-424

Version 02

1. Type of Submission:

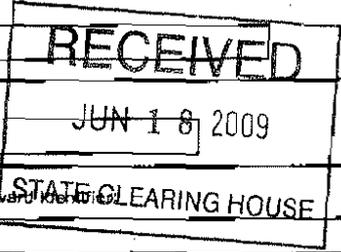
- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

If Revision, select appropriate letter(s):

Other (Specify)



3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

City of Santa Barbara

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

956000787

c. Organizational DUNS:

026073929

d. Address:

Street1:

PO Box 1990

Street2:

620 Laguna

City:

Santa Barbara

County:

Santa Barbara

State:

CA: California

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

93102-1990

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Creeks

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

Prefix:

Mr.

First Name:

George

Middle Name:

Last Name:

Johnson

Suffix:

Title:

Creeks Supervisor

Organizational Affiliation:

Telephone Number:

805 897-1958

Fax Number:

805 897-2626

Email:

gjohnston@santabarbaraca.gov

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="C: City or Township Government"/>	
<b>Type of Applicant 2: Select Applicant Type:</b>	
<input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b>	
<input type="text"/>	
<b>* Other (specify):</b>	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="National Oceanic and Atmospheric Administration"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text" value="11.463"/>	
<b>CFDA Title:</b>	
<input type="text" value="Habitat Conservation"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="NMFS-HCPO-2009-2001496"/>	
<b>* Title:</b>	
<input type="text" value="FY 2009 Open Rivers Initiative"/>	
<b>13. Competition Identification Number:</b>	
<input type="text" value="2119945"/>	
<b>Title:</b>	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="Remove a concrete apron downstream of the Tallant Road Bridge and restore the creek bed in order to provide suitable conditions for passage of steelhead trout upstream to spawning habitat."/>	
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
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-023	* b. Program/Project CA-023
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	06/01/2010	* b. End Date: 10/31/2010
<b>18. Estimated Funding (\$):</b>		
* a. Federal	250,000.00	
* b. Applicant	575,000.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	825,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<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.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name: Cameron
Middle Name:		
* Last Name:	Benson	
Suffix:		
* Title:	Creeks Restoration/Water Quality Manager	
* Telephone Number:	905-897-2658	Fax Number: 905 897-2626
* Email:	cbenson@santabarbaraca.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

**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: 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:
----------------------------	----------------------------------

RECEIVED

JUN 19 2009

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Greenfield Pacific Associates, a California Limited Partnership

STATE CLEARING HOUSE

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

**d. Address:**

* Street1:	430 East State Street, Suite 100
Street2:	
* City:	Eagle
County:	Ada
* State:	Idaho
Province:	
* Country:	USA: United State of America
* Zip / Postal Code:	83616

**e. Organizational Unit:**

Department Name: California Limited Partnership	Division Name:
--	----------------

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

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

Title: Owner / Consultant

Organizational Affiliation:  
Gar-Mar Associates

\* Telephone Number: 530/823-9250      Fax Number: 530/823-2169

\* Email: garmar@ncbb.net

**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="3,000,000.00"/>	USDA-RD FLH-514 funding
* b. Applicant	<input type="text" value="200,000.00"/>	Deferred Developer's Fee
* c. State	<input type="text" value="2,000,000.00"/>	City of Greenfield / HOME Funds
* d. Local	<input type="text" value="1,000,000.00"/>	Permanent Lender / Conventional Loan
* e. Other	<input type="text" value="9,200,000.00"/>	Tax Credit Equity
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="15,400,000.00"/>	Total Development Cost

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

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

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Authorized for Local Reproduction

By: 

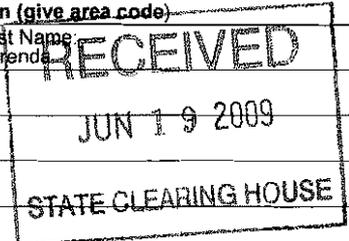
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> June 2, 2009	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: California Indian Manpower Consortium	<b>Organizational Unit:</b> Department:
Organizational DUNS: 098086424	Division:
<b>Address:</b> Street: 738 North Market Boulevard	<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Prefix: Ms. First Name: Lorenda
City: Sacramento	Middle Name: T.
County: Sacramento	Last Name: Sanchez
State: California	Suffix:
Zip Code: 95834	Email: lorendas@cimcinc.com
Country: USA	



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-2472584

Phone Number (give area code): (916) 920-0285	Fax Number (give area code): (916) 641-6338
--	--

**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)  
 K  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
 USDA Rural Development

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

TITLE (Name of Program):  
 Rural Business Enterprise Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Nation to Nation Trade, Promoting International Trade for Native American Business

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

**13. PROPOSED PROJECT**  
 Start Date: August 2009    Ending Date: July 2010

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: 5th    b. Project: California

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 2, 2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 136,503.00	
b. Applicant	\$ 25,100.00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ 161,603.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <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: Lorenda	Middle Name: T.
Last Name: Sanchez	Suffix:	
b. Title: Executive Director	c. Telephone Number (give area code): 916 920-0285	
d. Signature of Authorized Representative	e. Date Signed: June 2, 2009	

*[Handwritten signature]*

Previous Edition Usable  
 Authorized for Local Reproduction

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> June 2, 2009	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: California Indian Manpower Consortium, Inc.		Department:	
Organizational DUNS: 098086424		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 738 North Market Boulevard		Prefix: Ms.	First Name: Lorenda
City: Sacramento		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>JUN 19 2009</b> </div>	
County: Sacramento			
State: California		Last Name: Sanchez	
Zip Code: 95834		Suffix:	
Country: USA		Email: lorendas@circinc.com	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2472564		<b>Phone Number (give area code)</b> (916) 920-0285		<b>Fax Number (give area code)</b> (916) 641-6338	
<b>8. TYPE OF APPLICATION:</b>		<b>7. TYPE OF APPLICANT:</b> (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.)		K			
Other (specify) <input type="checkbox"/>		Other (specify) <input type="checkbox"/>			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-769		<b>9. NAME OF FEDERAL AGENCY:</b>			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Humboldt, Butte		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> On Native Ground! Training Program			

<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date: August 2009	Ending Date: July 2010	a. Applicant 5th	b. Project 1st and 3rd
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	

a. Federal	\$	150,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 2, 2009  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	\$	320,480 <sup>00</sup>	
c. State	\$	<sup>00</sup>	
d. Local	\$	<sup>00</sup>	
e. Other	\$	<sup>00</sup>	
f. Program Income	\$	<sup>00</sup>	
g. TOTAL	\$	470,480 <sup>00</sup>	

**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.**

<b>a. Authorized Representative</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
Prefix: Ms.	First Name: Lorenda	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
Last Name: Sanchez		Middle Name: T.	
b. Title: Executive Director		Suffix:	
d. Signature of Authorized Representative		c. Telephone Number (give area code): (916) 920-0285	
Previous Edition Usable Authorized for Local Reproduction		e. Date Signed: June 2, 2009	

**Application for Federal Assistance SF-424**

Version 02

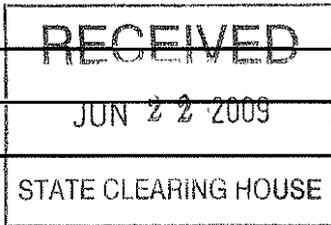
<b>*1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked=""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

<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b> B-09-UC-06-0507
--------------------------	--

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b> 95004804
-----------------------------------	--



**8. APPLICANT INFORMATION:**

<b>*a. Legal Name:</b> County of Ventura	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000944	<b>*c. Organizational DUNS:</b> 066691122

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> County Executive Office	<b>Division Name:</b> Regional Development Division
--	--

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

<b>Prefix:</b> Ms.	<b>*First Name:</b> Christy
<b>Middle Name:</b>	
<b>*Last Name:</b> Madden	
<b>Suffix:</b>	

<b>Title:</b> Deputy Executive Officer
--

<b>Organizational Affiliation:</b>
------------------------------------

<b>*Telephone Number:</b> 805-654-2679	<b>Fax Number:</b> 805-654-5106
--	---------------------------------

<b>*Email:</b> christy.madden@ventura.org
---

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 23<sup>rd</sup> and 24th

\*b. Program/Project: 23<sup>rd</sup> and 24th

**17. Proposed Project:**

\*a. Start Date: 7/1/2009

\*b. End Date: 6/30/2010

**18. Estimated Funding (\$):**

*a. Federal	_____	\$2,009,680
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	\$194,378
*g. TOTAL	_____	\$2,294,058

**\*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 6/17/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms.      \*First Name: Marty

Middle Name: \_\_\_\_\_

\*Last Name: Robinson

Suffix: \_\_\_\_\_

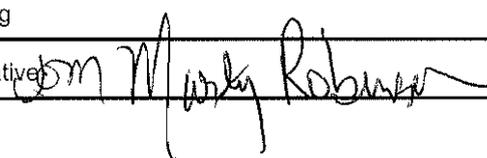
\*Title: County Executive Officer

\*Telephone Number: 805-654-2681

Fax Number: 805-654-5106

\* Email: marty.robinson@ventura.org

\*Signature of Authorized Representative



\*Date Signed: 6-16-09

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

Application for Federal Assistance SF-424

Version 02

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

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

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

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 JUN 22 2009  
 STATE CLEARING HOUSE

State Use Only:	8. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
-----------------	---	---

**8. APPLICANT INFORMATION:**

* a. Legal Name	City of San Jose
-----------------	------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000419	* c. Organizational DUNS: 063541874
---	--

<b>d. Address:</b>	
* Street1:	200 East Santa Clara Street
Street2:	<input type="text"/>
* City:	San Jose
County:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95113-1903

<b>e. Organizational Unit:</b>	
Department Name: San Jose Police Department	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:	Sharon
Middle Name:	<input type="text"/>		
* Last Name:	Barbaccia		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	408-277-3037	Fax Number:	408-277-3775
* Email:	sharon.barbaccia@sanjoseca.gov		

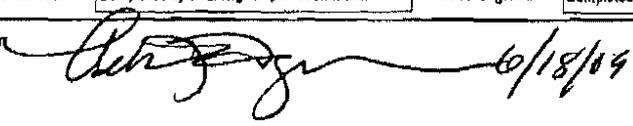
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
<input type="text" value="C: City or Township Government"/>	
<b>Type of Applicant 2: Select Applicant Type:</b>	
<input type="text"/>	
<b>Type of Applicant 3: Select Applicant Type:</b>	
<input type="text"/>	
<b>* Other (specify):</b>	
<input type="text"/>	
<b>* 10. Name of Federal Agency:</b>	
<input type="text" value="Community Oriented Policing Services"/>	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<input type="text"/>	
<b>CFDA Title</b>	
<input type="text"/>	
<b>* 12. Funding Opportunity Number:</b>	
<input type="text" value="COPS-OTHERTECH-2009-2"/>	
<b>* Title:</b>	
<input type="text" value="COPS Technology Program"/>	
<b>13. Competition Identification Number:</b>	
<input type="text"/>	
<b>Title:</b>	
<input type="text"/>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<input type="text" value="City of San Jose located in the County of Santa Clara and State of California"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="2009 COPS Technology Grant"/>	
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
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-16	* b. Program/Project CA-16
Attach an additional list of Program/Project Congressional Districts if needed		
Congressional Districts for <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date	10/01/2009	* b. End Date: 09/30/2012
<b>18. Estimated Funding (\$):</b>		
* a. Federal	695,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	695,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/22/2009.		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="button" value="Explanation"/>		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:		* First Name: Debra
Middle Name:		
* Last Name:	Figone	
Suffix:		
* Title:	City Manager	
* Telephone Number:	408-535-8100	Fax Number: 408-920-7007
* Email:	debra.figone@sanjoseca.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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

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

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>2. DATE SUBMITTED</b> 06/19/2009	<b>Applicant Identifier</b> [ ]	<b>4. a. Federal Identifier</b> DE-FG02-04ER16130	<b>b. Agency Routing Number</b> [ ]
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 000000000INDV			
* Legal Name: UNIVERSITY OF SOUTHERN CALIFORNIA			
Department: CONTRACTS & GRANTS		Division: [ ]	
* Street1: 837 DOWNEY WAY			
Street2: SPO-330			
* City: LOS ANGELES		County / Parish: LOS ANGELES	
* State: CA: California		Province: [ ]	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 90089-1147	
Person to be contacted on matters involving this application			
Prefix: [ ] * First Name: LISA		Middle Name: [ ]	
* Last Name: INOMATA-O'CONNELL		Suffix: [ ]	
* Phone Number: 213-740-6069		Fax Number: 213-740-6070	
Email: linomata@ooc.usc.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 95-1642394			
<b>7. * TYPE OF APPLICANT:</b> 0: Private Institution of Higher Education			
Other (Specify): [ ]			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input 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): [ ]	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? [ ]			
<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> MULTIMILLION-TO-BILLION ATOM SIMULATIONS OF NANOSCALE SYSTEMS			
<b>12. PROPOSED PROJECT:</b> * Start Date: 08/01/2009 * Ending Date: 07/31/2010		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT:</b> CA-033	
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: [ ] * First Name: PRIYA		Middle Name: [ ]	
* Last Name: VASHISHTA		Suffix: [ ]	
Position/Title: PROFESSOR			
* Organization Name: UNIVERSITY OF SOUTHERN CALIFORNIA			
Department: CACS		Division: [ ]	
* Street1: 3651 WATT WAY			
Street2: VHE 608			
* City: LOS ANGELES		County / Parish: LOS ANGELES	
* State: CA: California		Province: [ ]	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 90089-0242	
* Phone Number: 213-821-2663		Fax Number: 213-821-2664	
* Email: priyav@usc.edu			

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JUN 22 2009  
STATE CLEARING HOUSE

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="70,000.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text" value="70,000.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input type="text" value="06/19/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY F.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
---	---

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

\* I agree

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

18. SF-LLL or other Explanatory Documentation

19. Authorized Representative

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street 1:

Street 2:

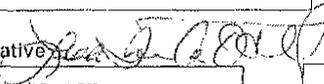
\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

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

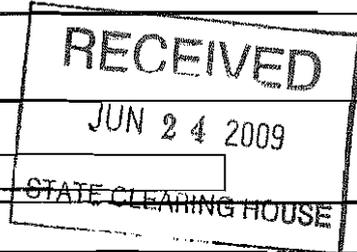
20. Pre-application

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



Sa. 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:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000412"/>	* c. Organizational DUNS: <input type="text" value="010919447"/>
--	---

**d. Address:**

* Street1:	<input type="text" value="200 Lincoln Avenue"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Salinas"/>
County:	<input type="text" value="Monterey"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="93901"/>

**e. Organizational Unit:**

Department Name: <input type="text" value="Engineering &amp; Transportation"/>	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="Frank"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Aguayo"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="831-758-7427"/>	Fax Number: <input type="text" value="831-758-7938"/>
--	--

\* Email:

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="17th"/>	* b. Program/Project <input type="text" value="17th"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="06/01/2010"/>	* b. End Date: <input type="text" value="12/31/2010"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="8,468,000.00"/>	
* b. Applicant	<input type="text" value="867,000.00"/>	
* c. State	<input type="text" value="1,250,000.00"/>	
* 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="10,585,000.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="06/24/2009"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<b>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)</b>		
<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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Frank"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Aguayo"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Senior Civil Engineer"/>	
* Telephone Number:	<input type="text" value="831-758-7427"/>	Fax Number: <input type="text" value="831-758-7935"/>
* Email:	<input type="text" value="FrankA@ci.salinas.ca.us"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by [Signature] for submission."/>	* Date Signed: <input type="text" value="6/24/2009"/>

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

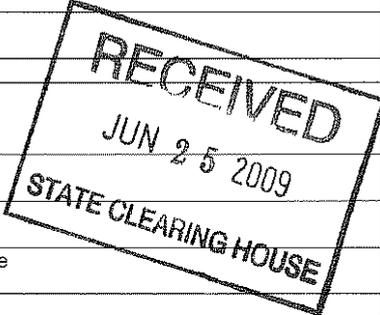
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> June 22, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: County of El Dorado	<b>Organizational Unit:</b> Department: Transportation
Organizational DUNS: 07-154-3201	Division: Airports
<b>Address:</b> Street: 2850 Fairlane Court	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Jeff
City: Placerville	Middle Name
County: El Dorado	Last Name: Moore
State: California Zip Code: 95667	Suffix:
Country: USA	Email: JMoore@edcgov.us



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

<b>8. TYPE OF APPLICATION:</b> <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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program	<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration
--	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Georgetown, El Dorado County, California	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Georgetown Airport, Georgetown, El Dorado County, California Fill Hole at Edge of Runway Safety Area
--	---

<b>13. PROPOSED PROJECT</b> Start Date: July 2009 Ending Date: December 2009	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 04 b. Project 04
---	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 163,400.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 23, 2009
b. Applicant \$ 4,515.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 4,085.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 172,000.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix: Mr.	First Name: Russell	Middle Name:
Last Name: Nygaard		Suffix:
b. Title: Deputy Director - Design, Department of Transportation		c. Telephone Number (give area code): (916) 358-3551
d. Signature of Authorized Representative: <i>Russell Nygaard</i>		e. Date Signed: 6.24.09

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 26 2009

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Desert Alliance for Community Empowerment

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

330857187

\* c. Organizational DUNS:

108363370

d. Address:

\* Street1: 53990 Enterprise Way, Suite1  
Street2:   
\* City: Coachella  
County: Riverside  
\* State: California  
Province:   
\* Country: USA  
\* Zip / Postal Code: 92236

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. \* First Name: Jeffrey  
Middle Name:   
\* Last Name: Hays  
Suffix:

Title: Executive Director

Organizational Affiliation:

\* Telephone Number: (760) 391-5050 x 222

Fax Number: (760) 391-5100

\* Email: jeff@dace-rancho.org

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

N- Nonprofit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA Rural Development -Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

\* 12. Funding Opportunity Number:

USDA-RD-HCFP-HPG-2009

\* Title:

NOFA for Section 533 Housing Preservation Grants for FY 2009

13. Competition Identification Number:

Title:

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

The City of Blythe as well as the unincorporated communities of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California, plus the Torres Martinez Reservation.

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

Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone.

Attach supporting documents as specified in agency instructions.

16. Congressional Districts Of:

\* a. Applicant **CA-45**

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

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

17. Proposed Project:

\* a. Start Date: **10-1-2009**

\* b. End Date: **9-30-2010**

18. Estimated Funding (\$):

* a. Federal	<b>\$100,000.00</b>
* b. Applicant	
* c. State	
* d. Local	<b>\$40,000.00</b>
* e. Other	<b>\$60,000.00</b>
* f. Program Income	
* g. TOTAL	<b>\$200,000.00</b>

\* 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 **6/24/09**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

I AGREE

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

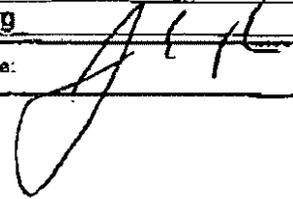
Authorized Representative:

Prefix: **Mr.** \* First Name: **Jeffrey**  
 Middle Name:   
 \* Last Name: **Hays**  
 Suffix:

\* Title: **Executive Director**

\* Telephone Number: **(760) 391-5050 x 222** Fax Number: **(760) 391-5100**

\* Email: **jeff@dace-rancho.org**

\* Signature of Authorized Representative:  \* Date Signed: **6-25-09**

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

RECEIVED

JUN 26 2009

STATE CLEARING HOUSE

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

90EF0061

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:

\* Street1:

3120 Freeboard Drive, Suite 201

Street2:

\* City:

West Sacramento

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95631

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:

Diana

Middle Name:

\* Last Name:

Varcados

Suffix:

Title:

Grants and Contracts Administration Manager

Organizational Affiliation:

\* Telephone Number:

916/447-9832 ext 1046

Fax Number:

916/447-2878

\* Email:

dvarcados@rcac.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:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

HHS-2009-ACF-CONT-OCS-EF

\* Title:

ACF Research & Demo

**13. Competition Identification Number:**

Title:

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

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington

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

Rural Community Development Activities Program. Provide technical assistance and training for water and waste disposal facilities to low-income rural communities.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

Reorder 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="1,435,344.00"/>
* 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="1,435,344.00"/>

\* 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:

- 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:

[ ]

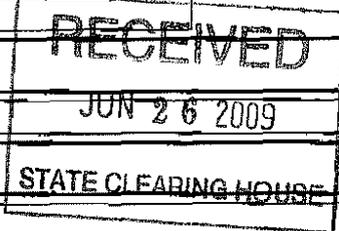
State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]



8. APPLICANT INFORMATION:

\* a. Legal Name: Desert Alliance for Community Empowerment

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

330857187

\* c. Organizational DUNS:

108363370

d. Address:

\* Street1: 53990 Enterprise Way, Suite1  
Street2: [ ]  
\* City: Coachella  
County: Riverside  
\* State: California  
Province: [ ]  
\* Country: USA  
\* Zip / Postal Code: 92236

e. Organizational Unit:

Department Name:

[ ]

Division Name:

[ ]

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

Prefix: Mr. \* First Name: Jeffrey  
Middle Name: [ ]  
\* Last Name: Hays  
Suffix: [ ]

Title: Executive Director

Organizational Affiliation:

[ ]

\* Telephone Number: (760) 391-5050 x 222

Fax Number: (760) 391-5100

\* Email: jeff@dace-rancho.org

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

N- Nonprofit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA Rural Development-Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.433.

CFDA Title:

Rural Housing Preservation Grants

\* 12. Funding Opportunity Number:

USDA-RD-HCFP-HPG-2009

\* Title:

13. Competition Identification Number:

Title:

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

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

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Add Attachment

17. Proposed Project:

\* a. Start Date: 08/30/09

\* b. End Date: 09/30/10

18. Estimated Funding (\$):

* a. Federal	\$250,000.00
* b. Applicant	\$375,000.00
* c. State	
* d. Local	\$1,250,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	\$1,875,000.00

\* 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 06/24/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Jeffrey

Middle Name:

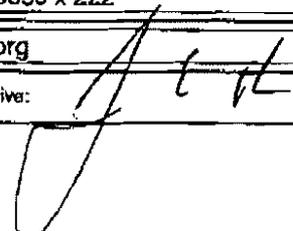
\* Last Name: Hays

Suffix:

\* Title: Executive Director

\* Telephone Number: (760) 391-5050 x 222 Fax Number: (760) 391-5100

\* Email: jeff@dace-rancho.org

\* Signature of Authorized Representative:  \* Date Signed: 6-24-09

Authorized for Local Reproduction

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

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: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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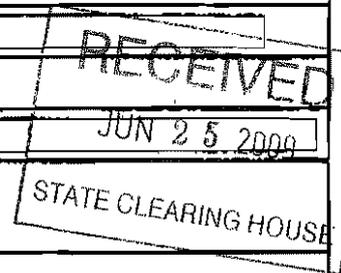
State Use Only:

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

B. APPLICANT INFORMATION:

\* a. Legal Name: Desert Alliance for Community Empowerment

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



d. Address:

\* a. col 1: 53990 Enterprise Way, Suite 1  
City: \_\_\_\_\_  
\* b. col 1: \_\_\_\_\_  
County: Riverside  
\* State: California  
\* Province: \_\_\_\_\_  
\* Country: USA  
\* Zip / Postal Code: 92236

e. Organizational U.I.

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

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

Prefix: Mr. \* First Name: Jeffrey  
Middle Name: \_\_\_\_\_  
\* Last Name: Hays  
Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:  
\_\_\_\_\_

Telephone Number: (760) 391-5030 X 222 FAX Number: (760) 391-5100

\* Email: jeff@dace-rancho.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N- Nonprofit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA Rural Development-Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Rural Housing Program

\* 12. Funding Opportunity Number:

USDA-RD-MCFP-HPG-2009

\* Title:

13. Competition Identification Number:

Title:

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

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

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

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

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="\$250,000.00"/>
* b. Applicant	<input type="text" value="\$375,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$1,250,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$1,875,000.00"/>

\* 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.

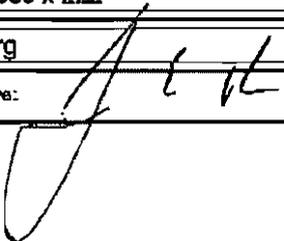
Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance 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): <input type="checkbox"/> Other (Specify)
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	<b>RECEIVED</b>
---	--------------------------	-----------------

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: JUN 25 2009
--------------------------------	--

State Use Only:	<b>STATE CLEARING HOUSE</b>
-----------------	-----------------------------

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

6. APPLICANT INFORMATION:

* a. Legal Name: Pacific Southwest Community Development Corporation
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0679939	* c. Organizational DUNS: 135526148
---	--

d. Address:

* Street1:	16935 W. Bernardo Drive, Suite 238
Street2:	
* City:	San Diego
County:	San Diego
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92127

a. 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: Jordan
Middle Name:	
* Last Name: Penn	
Suffix:	

Title: Project Manager
------------------------

Organizational Affiliation: Chelsea Investment Corporation, the Developer
--

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

* Email: jpenn@chelseainvestco.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

\* 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 (\$):** Please see Attachment # 1

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

**\* 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 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:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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



6-25-09



SF 424

The SF 424 is part of the

CPMP

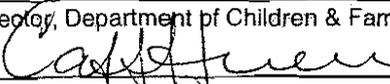
Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

**SF 424**

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

Date Submitted		Applicant Identifier		Type of Submission	
Date Received by state		State Identifier		<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Pre-application
Date Received by HUD		Federal Identifier		<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
				<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>					
County of Fresno		CA69019 FRESNO COUNTY			
2220 Tulare Street, 8th Floor		/078787397			
Fresno		California		Public Works and Planning Department	
93721		Country U.S.A.		Community Development Division	
<b>Employer Identification Number (EIN):</b>		Fresno County			
94-6000512		7/1			
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>			
Local Government: County					
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>			
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
<b>Community Development Block Grant</b>		14.218 Entitlement Grant			
<b>CDBG Project Titles</b>		<b>Description of Areas Affected by CDBG Project(s)</b>			
<ul style="list-style-type: none"> <li>- General Management, Oversight, and Coordination</li> <li>- CDBG Housing Program Administration</li> <li>- Housing Assistance Rehabilitation Program</li> <li>- City Activities</li> <li>- Public Facilities and Infrastructure Improvement Projects</li> <li>- Public Service Programs</li> </ul>		The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma			
CDBG Grant Amount: \$3,980,475					
Anticipated Program Income: \$1,445,002					

5857 260

<b>Home Investment Partnerships Program</b>		14.239 HOME	
HOME Project Titles - HOME Program Administration - Homebuyer Assistance including ADDI - Affordable Housing Development - Housing Assistance Rehabilitation Program		Description of Areas Affected by HOME Project(s)  The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
HOME Grant Amount: \$1,701,546			
Anticipated Program Income: \$800,000		Other (Describe):	
<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
HOPWA Project Titles: Not Applicable		Description of Areas Affected by HOPWA Project(s)	
HOPWA Grant Amount: \$0	Additional HUD Grant(s) Leveraged	Describe	
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
ESG Project Titles - Emergency Shelter Grant Administration - Emergency Shelter Grant		Description of Areas Affected by ESG Project(s)  The County of Fresno	
Emergency Shelter Grant Amount: \$175,239			
Congressional Districts of: Applicant Districts: 18, 19, 20, 21		Project Districts 18,19,20,21	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		Is application subject to review by state Executive Order 12372 Process?	
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> Yes		<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> No		Program is not covered by EO 12372	
		Program has not been selected by the state for review	
Person to be contacted regarding this application			
Gigi		Gibbs	
Community Development Manager		(559) 262-4292	(559) 488-3940
		www.co.fresno.ca.us	
Signature of Authorized Representative  		Date Signed 5-13-09	
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date	
Catherine Huerta, Director, Department of Children & Family Services (ESG Rep.) 		Date 5-13-09	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/26/2009	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	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: California Coastal Conservancy		Organizational Unit: Department:	
Organizational DUNS: 808322408		Division:	
Address: Street: 1330 Broadway, 11th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland		Prefix: Ms.	First Name: Rachel
County: Alameda		Middle Name	
State: California		Last Name: Couch	
Zip Code: 94612	Email: rcouch@scc.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968		Phone Number (give area code): (805) 845-8853	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) 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: TITLE (Name of Program): Coastal Wetlands Protection (NCWCGP) 15-014		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Devereux Slough Coastal Wetland Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Devereux Slough estuary, Santa Barbara County, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9      b. Project 23	
13. PROPOSED PROJECT Start Date: 03/31/2010      Ending Date: 09/30/2011		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: 06/26/2009 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	\$ 1,000,000.00		
b. Applicant	\$ 5,500,000.00		
c. State	\$		
d. Local	\$ 2,054,000.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 8,554,000.00		
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: Mr.	First Name: Samuel	Middle Name: p.	
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: 6/24/09	

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JUN 25 2009  
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant **CA-45**

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

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

17. Proposed Project:

\* a. Start Date: **10-1-2009**

\* b. End Date: **9-30-2010**

18. Estimated Funding (\$):

* a. Federal	<b>\$100,000.00</b>
* b. Applicant	
* c. State	
* d. Local	<b>\$40,000.00</b>
* e. Other	<b>\$60,000.00</b>
* f. Program Income	
* g. TOTAL	<b>\$200,000.00</b>

\* 19. Is Application Subject to Review By State Under Executive Order 12872 Process?

- a. This application was made available to the State under the Executive Order 12872 Process for review on **6/24/09**.
- b. Program is subject to E.O. 12872 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12872.

\* 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.

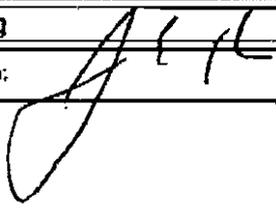
Authorized Representative:

Prefix: **Mr.** \* First Name: **Jeffrey**  
Middle Name:   
\* Last Name: **Hays**  
Suffix:

\* Title: **Executive Director**

\* Telephone Number: **(760) 391-5050 x 222** Fax Number: **(760) 391-5100**

\* Email: **jeff@dace-rancho.org**

\* Signature of Authorized Representative:  \* Date Signed: **6-25-09**

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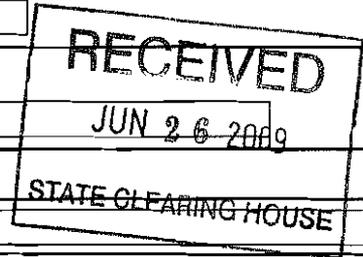
Application for Federal Assistance SF-424

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" value="06/19/2009"/>	4. Applicant Identifier: <input type="text"/>
--	--

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



State Use Only:

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

B. APPLICANT INFORMATION:

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2833205"/>	* c. Organizational DUNS: <input type="text" value="020531893"/>
--	---

d. Address:

* Street1:	<input type="text" value="823 Gateway Center Way"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="San Diego"/>
County:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="92102"/>

e. Organizational Unit:

Department Name: <input type="text" value="HIV Services Department"/>	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="Ms."/>	* First Name: <input type="text" value="Fran"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Butler-Cohen"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(619) 515-2301"/>	Fax Number: <input type="text" value="(619) 237-1856"/>
---	---

\* Email:

**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:**

Centers for Disease Control and Prevention

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

CDC-RFA-PS09-947

\* Title:

Outcome Monitoring of Mpowerment Delivered by Community-Based Organizations Funded to Conduct HIV Prevention through CDC Funding Opportunity Announcement PS06-618

**13. Competition Identification Number:**

Title:

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

San Diego County

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

Mpowerment Outcome Monitoring Project

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="189,447.00"/>
* 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="189,447.00"/>

**\* 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:

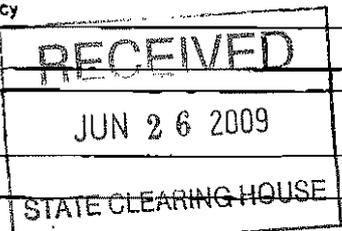
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> June 25, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b> NA	State Application Identifier
<input type="checkbox"/> Non-Construction	Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: California State Coastal Conservancy	Organizational Unit: Department:
Organizational OUNS: 80822408	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: Dt.
County: Alameda	First Name: Joe
State: CA	Middle Name Benjamin
Country: USA	Last Name Gerwein
	Suffix:
	Email: jgerwein@scc.ca.gov



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-3164968	Phone Number (give area code) 510-286-4170	Fax Number (give area code) 510-286-0470
<b>8. TYPE OF APPLICATION:</b> <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.)	<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> State Government Other (specify)	
Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> US Fish and Wildlife Service	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-614	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Tomales Wetlands and Dunes Protection Project
TITLE (Name of Program): National Coastal Wetlands Conservation Program	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Marin, California	

<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2010 Ending Date: December 31, 2012	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Barbara Lee, CA #9 b. Project: Lynn Woolsey, CA #8
--	---

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 1,000,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/25/2009
b. Applicant \$ 500,000.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 50,000.00	
e. Other \$ 25,000.00	
f. Program Income \$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
g. TOTAL \$ 1,575,000.00	<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 Samuel	Middle Name
Last Name Schuchel	Suffix	
b. Title Executive Officer	c. Telephone Number (give area code) 510-286-1015	
d. Signature of Authorized Representative	e. Date Signed 6/23/09	

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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:**

- 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:**

State of California Department of Veterans Affairs

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

68-0182830

**\* c. Organizational DUNS:**

190658153

**d. Address:**

**\* Street1:**

1227 O Street #105

**Street2:**

**\* City:**

Sacramento

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

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STATE CLEARING HOUSE

**e. Organizational Unit:**

**Department Name:**

Veterans Affairs

**Division Name:**

Veteran Services

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

**Prefix:**

Mr.

**\* First Name:**

Ted

**Middle Name:**

B.

**\* Last Name:**

Puntillo

**Suffix:**

**Title:**

Deputy Secretary for Veteran Services

**Organizational Affiliation:**

California Department of Veterans Affairs

**\* Telephone Number:**

(916) 503-8300

**Fax Number:**

(916) 653-2563

**\* Email:**

ted.puntillo@dva.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

OASAM

11. Catalog of Federal Domestic Assistance Number:

17.802

CFDA Title:

Veterans' Employment Program

\* 12. Funding Opportunity Number:

SGA-09-02

\* Title:

Veterans' Workforce Investment Program (VWIP) Grants

13. Competition Identification Number:

SGA-09-02

Title:

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

State of California; 58 Counties in California; 30 large cities in California.

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

See attachment.

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="500,000.00"/>
* b. Applicant	<input type="text" value="4.00"/>
* c. State	<input type="text" value="250,000.00"/>
* d. Local	<input type="text" value="150,000.00"/>
* e. Other	<input type="text" value="900,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,900,000.00"/>

\* 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 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:

\_\_\_\_\_

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JUN 26 2009  
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name: California Department of Veterans Affairs

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

68-0182R30

\* c. Organizational DUNS:

190658153

d. Address:

\* Street1: 1227 O Street

Street2: \_\_\_\_\_

\* City: Sacramento

County: Sacramento

\* State: CA: California

Province: \_\_\_\_\_

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: Veterans Homes

Division Name: \_\_\_\_\_

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

Prefix: Mr. \* First Name: David

Middle Name: \_\_\_\_\_

\* Last Name: Gerard

Suffix: \_\_\_\_\_

Title: Assistant Deputy Secretary

Organizational Affiliation:

Assistant Deputy Secretary

\* Telephone Number: 916-653-0240

Fax Number: 916-653-2200

\* Email: david.gerard@cdva.ca.gov

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

VA National Cemetery Administration

**11. Catalog of Federal Domestic Assistance Number:**

64.203

**CFDA Title:**

State Cemetery Grants

**\* 12. Funding Opportunity Number:**

VA-GRANTS-122308-001

**\* Title:**

Cemetery

**13. Competition Identification Number:**

**Title:**

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

Yountville Town, Napa County, State of California

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

Yountville Veterans Cemetery Improvement

Attach supporting documents as specified in agency instructions.

Add 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	4,695,760.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	4,695,760.00

\* 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 <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6-11-2009	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: City of Gardena		3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 155733629		4. DATE RECEIVED BY FEDERAL AGENCY 6-3-2009	Federal Identifier CA-04-0129-00
Address: Street: 1700 West 162nd Street		Organizational Unit: Department: Transportation	
City: Gardena		Division: N/A	
County: Los Angeles		Name and telephone number of person to be contacted on matters involving this application (give area code)	
State: California		Prefix: Mr.	
Zip Code: 90247		First Name: Joseph	
Country: United States of America		Middle Name: D.	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-610007133		Last Name: Loh	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Suffix:	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Email: jloh@ci.gardena.ca.us	
Other (specify)		Phone Number (give area code) 310-965-8808	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Department of Transportation 20-500		Fax Number (give area code) 310-771-0914	
TITLE (Name of Program):		7. TYPE OF APPLICANT: (See back of form for Application Types)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities		Other (specify)	
13. PROPOSED PROJECT Start Date: 5-30-2008 Ending Date: 9-30-2010		9. NAME OF FEDERAL AGENCY:	
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of five (5) hybrid gasoline-electric buses, and one (1) bus driver training simulator.	
a. Federal \$ 2,716,081	b. Applicant \$	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35 b. Project 35, 36, 37	
c. State \$ 679,020	d. Local \$	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: 6-11-2009	
e. Other \$	f. Program Income \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
g. TOTAL \$ 3,395,101		<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: Mr. Last Name: Ballender Title: Director of Transportation		Middle Name: Maurice Suffix:	
First Name: Whitman		c. Telephone Number (give area code): 310-965-8801	
Signature of Authorized Representative: <i>Whitman Maurice Ballender</i>		e. Date Signed: 6-26-09	

**RECEIVED**  
 JUN 26 2009  
 STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

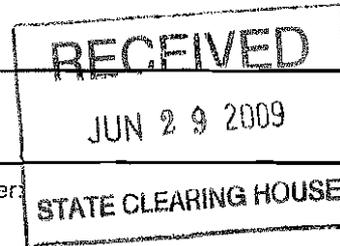
- Preapplication
- Application
- Changed/Corrected Application

**\*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: County of Nevada

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

\*c. Organizational DUNS:  
010979029

**d. Address:**

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

**e. Organizational Unit:**

Department Name:  
CDA-Planning

Division Name:  
Housing

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

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

Title: Manager

Organizational Affiliation:

\*Telephone Number: 530-265-7256

Fax Number: 530-265-9851

\*Email: kyle.thompson@co.nevada.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

USDA Rural Development, Housing and Community Facilities Program

**11. Catalog of Federal Domestic Assistance Number:**

10.433

CFDA Title:

Rural Housing Preservation Grants

**\*12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

\*Title:

Rural Housing Preservation Grants

**13. Competition Identification Number:**

HPG-2009

Title:

Rural Housing Preservation Grants

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

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

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

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

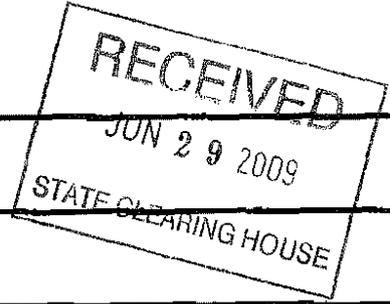
<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA 004		*b. Program/Project: CA 004
<b>17. Proposed Project:</b>		
*a. Start Date: 09/01/2009		*b. End Date: 08/31/2010
<b>18. Estimated Funding (\$):</b>		
*a. Federal	100,000	
*b. Applicant		
*c. State	\$24,000	
*d. Local		
*e. Other	96,000	
*f. Program Income		
*g. TOTAL	220,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/26/2009</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
<b>Authorized Representative:</b>		
Prefix: <u>Mr</u>	*First Name: <u>Hank</u>	
Middle Name: _____		
*Last Name: <u>Weston</u>		
Suffix: _____		
*Title: Chairman, Nevada County Board of Supervisors		
*Telephone Number: 530-265-1480		Fax Number: 530-265-9836
* Email: <a href="mailto:hank.weston@co.nevada.ca.us">hank.weston@co.nevada.ca.us</a>		
*Signature of Authorized Representative:		*Date Signed:

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 \* Other (Specify)  
 Revision



\* 3. Date Received: 06/27/2009  
4. Applicant Identifier: CAD1001

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

State Use Only:

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

B. APPLICANT INFORMATION:

\* a. Legal Name: Clovis Police Department

\* b. Employer/Taxpayer Identification Number (EIN/TIN): 946,000,311  
\* c. Organizational DUNS: 039,926,725

d. Address:

\* Street1: 1233 5th Street  
Street2: \_\_\_\_\_  
\* City: Clovis  
County: Fresno  
\* State: California  
Province: \_\_\_\_\_  
\* Country: United States of America  
\* Zip / Postal Code: 93612

e. Organizational Unit:

Department Name: Clovis Police Department  
Division Name: Police

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

Prefix: Mr. \* First Name: Matthew  
Middle Name: Wayne  
\* Last Name: McFadden  
Suffix: \_\_\_\_\_

Title: Police Sergeant

Organizational Affiliation: \_\_\_\_\_

\* Telephone Number: (559) 324-2568 Fax Number: (559) 324-2854

\* Email: mattm@cityofclovis.com

**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:**

Office of Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

**CFDA Title:**

Child Sexual Predator Program

**\* 12. Funding Opportunity Number:**

n/a

**Title:**

**13. Competition Identification Number:**

n/a

**Title:**

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

City of Clovis, County of Fresno, and surrounding cities in the federal Eastern District of California

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

Clovis Police Department's Child Sexual Predator Program

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-019

\* b. Program/Project: CA-018, 019, 020, 021, and 022

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

**17. Proposed Project:**

\* a. Start Date: 10/01/2009

\* b. End Date: 09/30/2011

**18. Estimated Funding (\$):**

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

**\* 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 06/30/2009  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation 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: Ms. \* First Name: Kathy  
Middle Name: \_\_\_\_\_  
\* Last Name: Millison  
Suffix: \_\_\_\_\_

\* Title: City Manager

\* Telephone Number: (559) 324-2063

Fax Number: (559) 324-2854

\* Email: kamillison@cityofclovis.com

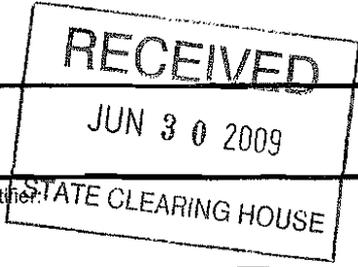
\* Signature of Authorized Representative: 

\* Date Signed: 6/29/2009

Authorized for Local Reproduction

**Application for Federal Assistance SF-424** Version 02

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



<b>* 3. Date Received:</b>	<b>4. Applicant Identifier:</b>
----------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>* 5b. Federal Award Identifier:</b>
---------------------------------------	--

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:** City of San Jose (COPS Office has us listed as "San Jose, City of")

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000419	<b>* c. Organizational DUNS:</b> 063541874
--	---

**d. Address:**

<b>* Street1:</b>	200 East Santa Clara Street
<b>Street2:</b>	
<b>* City:</b>	San Jose
<b>County:</b>	
<b>* State:</b>	CA
<b>Province:</b>	
<b>* Country:</b>	USA
<b>* Zip / Postal Code:</b>	95113

**e. Organizational Unit:**

<b>Department Name:</b> San Jose Police Department	<b>Division Name:</b>
---	-----------------------

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

<b>Prefix:</b>	<b>* First Name:</b> Sharon	
<b>Middle Name:</b>		
<b>* Last Name:</b> Barbaccia		
<b>Suffix:</b>		

**Title:** Senior Analyst

**Organizational Affiliation:**

<b>* Telephone Number:</b> (408) 277-3037	<b>Fax Number:</b> (408) 277-3775
---	-----------------------------------

**\* Email:** sharon.barbaccia@sanjoseca.gov

**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:**

USDOJ Community Oriented Policing Services

**11. Catalog of Federal Domestic Assistance Number:**

16.710

CFDA Title:

Child Sexual Predator Program (CSPP)

**\* 12. Funding Opportunity Number:**

invitation

\* Title:

COPS FY2009 Child Sexual Predator Program

**13. Competition Identification Number:**

Title:

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

City of San Jose located in County of Santa Clara and State of California

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

Comprehensive Compliance Check Program

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-11, CA-14, CA-15, CA-16

\* b. Program/Project: CA-11, CA-14, CA-15, CA-16

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

**17. Proposed Project:**

\* a. Start Date: 09/01/2009

\* b. End Date: 08/31/2011

**18. Estimated Funding (\$):**

* a. Federal	500,000.00
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	500,000.00

**\* 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 07/01/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation 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:**

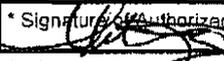
Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Prefix: \_\_\_\_\_ \* First Name: Debra  
Middle Name: \_\_\_\_\_  
\* Last Name: Figone  
Suffix: \_\_\_\_\_

\* Title: City Manager

\* Telephone Number: (408) 535-8100 Fax Number: (408) 920-7007

\* Email: debra.figone@sanjoseca.gov

\* Signature of Authorized Representative:  \* Date Signed: 6/26/09

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

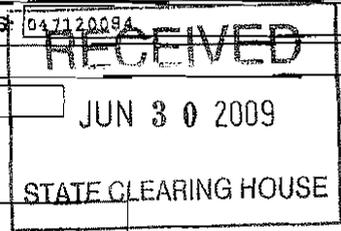
3. DATE RECEIVED BY STATE  
State Application Identifier

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

4. a. Federal Identifier DE-PG02-91BR40674 Renewal  
b. Agency Routing Number

2. DATE SUBMITTED  
Applicant Identifier

5. APPLICANT INFORMATION \* Organizational DUNS: 047120094  
\* Legal Name: The Regents of the University of California (Davis)  
Department: Office of Research Division: Sponsored Programs  
\* Street1: 1850 Research Park Drive  
Street2: Suite 300  
\* City: Davis County / Parish:  
\* State: CA; California Province:  
\* Country: USA; UNITED STATES \* ZIP / Postal Code: 95618-0000



Person to be contacted on matters involving this application  
Prefix: \* First Name: Suzanne Middle Name:  
\* Last Name: Iwatate Suffix:  
\* Phone Number: 530-754-8017 Fax Number:  
Email: iwatate@ucdavis.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-8036494

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

8. \* TYPE OF APPLICATION: If Revision, mark appropriate box(es).  
 New  Resubmission  A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  
 Renewal  Continuation  Revision  E. Other (specify):

\* Is this application being submitted to other agencies? Yes  No  What other Agencies?:

9. \* NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049  
TITLE: Office of Science Financial Assistance Program

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
High Energy Particle Physics Research

12. PROPOSED PROJECT:  
\* Start Date 01/01/2010 \* Ending Date 12/31/2012

\* 13. CONGRESSIONAL DISTRICT OF APPLICANT CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  
Prefix: Dr. \* First Name: Winston Middle Name:  
\* Last Name: Ko Suffix:  
Position/Title: Professor/Dean  
\* Organization Name: The Regents of the University of California (Davis)  
Department: Physics Division: College of Letters and Science  
\* Street1: Department of Physics  
Street2: One Shields Avenue  
\* City: Davis County / Parish:  
\* State: CA; California Province:  
\* Country: USA; UNITED STATES \* ZIP / Postal Code: 95616-8677  
\* Phone Number: 530-754-8918 Fax Number:  
\* Email: wtck@ucdavis.edu

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input type="text" value="8,142,684.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text" value="8,142,684.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input type="text" value="06/30/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

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

\* I agree

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

**18. SFLLL or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative

\* Date Signed

**20. Pre-application**

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED April 24, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier 45134000348
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Live Oak		Organizational Unit: Department: Finance Department	
Organizational DUNS: 609-937-0622		Division:	
Address: Street: 9955 Live Oak Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Live Oak		Prefix: Mr.	First Name: Satwant
County: Sutter		Middle Name:	
State: CA		Last Name: Takhar	
Zip Code: 95953		Suffix:	
Country: USA		Email: stakhar@liveoakcity.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000358		Phone Number (give area code) 530-695-2112	FAX Number (give area code) 530-695-2595
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) D City or Township Government Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
TITLE (Name of Program) Live Oak Wastewater Treatment Plant Expansion and Improvements Project		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Live Oak Wastewater Treatment Plant Expansion and Improvements Project	
12. AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.) Live Oak, California		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>JUN 30 2009</p> <p>STATE CLEARING HOUSE</p> </div>	
13. PROPOSED PROJECT Start Date: 9/1/09 Ending Date: 9/1/2011			
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: City of Live Oak b. Project: WWTP Expansion & Upgrades	
a. Federal	\$ USDA Grant 1,800,000.00	15. 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: 6/24/09	
b. Applicant	\$ City Match 4,000,000.00	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	
c. State	\$ SRF Grant 10,000,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ USDA Loan 4,200,000.00		
f. Program Income	\$ .00		
g. TOTAL	\$ 20,000,000.00		
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.			
a. Authorized Representative			
Prefix Mr.	First Name Jim	Middle Name	
Last Name Goodwin		Suffix	
b. Title City Manager		c. Telephone Number (give area code) 530-695-2112	
Email: citymrg@liveoakcity.org		Fax Number (give area code) 530-695-2595	
d. Signature of Authorized Representative		e. Date Signed 4-24-09	



RCH #304 6-25-07

**Application for Federal Assistance SF-424**

Version 02

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

**RECEIVED**  
JUN 30 2009  
STATE CLEARING HOUSE

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

*a. Legal Name: SELF-HELP ENTERPRISES	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676	*c. Organizational DUNS: 056179906

**d. Address:**

*Street 1:	<u>8445 WEST ELOWIN COURT</u>
Street 2:	<u>P.O. BOX 6520</u>
*City:	<u>VISALIA</u>
County:	<u>TULARE</u>
*State:	<u>CALIFORNIA</u>
Province:	_____
*Country:	<u>USA: UNITED STATES</u>
*Zip / Postal Code	<u>93290</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>MR</u>	*First Name: <u>PATRICK</u>
Middle Name: _____	
*Last Name: <u>ISHERWOOD</u>	
Suffix: _____	
Title: <u>ADMINISTRATIVE ANALYST</u>	
Organizational Affiliation:	

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

*Email: <u>patricki@selfhelpenterprises.org</u>
---

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**USDA RURAL DEVELOPMENT**

**11. Catalog of Federal Domestic Assistance Number:**

10.433 \_\_\_\_\_

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS \_\_\_\_\_

**\*12 Funding Opportunity Number:**

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

\*Title:

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

**13. Competition Identification Number:**

\_\_\_\_\_  
Title:  
\_\_\_\_\_

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

HURON, CALIFORNIA

HUGHSON, CALIFORNIA

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

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

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

**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:

**RECEIVED**

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

JUN 30 2009

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: County of Mono

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-6005661

\*c. Organizational DUNS:  
086128832

**d. Address:**

\*Street 1: P. O. Box 476

Street 2: \_\_\_\_\_

\*City: Bridgeport

County: \_\_\_\_\_

\*State: CA

Province: \_\_\_\_\_

\*Country: U.S.A.

\*Zip / Postal Code: 93517

**e. Organizational Unit:**

Department Name:

Mono County Administration

Division Name:

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

Prefix: Ms.

\*First Name: Mary

Middle Name: \_\_\_\_\_

\*Last Name: Booher

Suffix: \_\_\_\_\_

Title: Financial Analyst

Organizational Affiliation:

\*Telephone Number: (760) 932- 3

Fax Number: (760) 92-5284

\*Email: mboohar@mono.ca.gov

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

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

B. County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

USDA Rural Development, Housing and Community Facilities Program

**11. Catalog of Federal Domestic Assistance Number:**

10.433

CFDA Title:

Rural Housing Preservation Grants

**\*12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

\*Title:

Rural Housing Preservation Grants

**13. Competition Identification Number:**

HPG-2009

Title:

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

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



*Last Name: <u>Wilbrecht</u>	
Suffix: _____	
*Title: County Administrative Officer	
*Telephone Number: (760) 932-5414	Fax Number: 760-932-5411
* Email: <u>dwilbrecht@mono.ca.gov</u>	
*Signature of Authorized Representative: 	*Date Signed: 6-30-09

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

[ ]

\* Other (Specify)

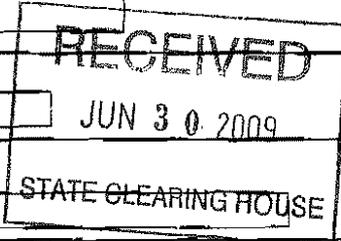
[ ]

\* 3. Date Received:

03/18/2009

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:

EXECUTIVE OFFICE OF THE STATE OF CALIFORNIA

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

946001347

\* c. Organizational DUNS:

340324679

d. Address:

\* Street1:

1130 K Street

Street2:

suite 300

\* City:

Sacramento

County:

[ ]

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA Emergency Management Agency

Division Name:

Grants Management

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

Prefix:

[ ]

\* First Name:

John

Middle Name:

C.

\* Last Name:

Isaacson

Suffix:

[ ]

Title:

Chief - Grants Management

Organizational Affiliation:

CA Emergency Management Agency

\* Telephone Number:

(916) 324-6529

Fax Number:

(916) 324-5902

\* Email:

john.isaacson@ons.ca.gov

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

**11. Catalog of Federal Domestic Assistance Number:**

97.057

CFDA Title:

Homeland Security Grant Program

**\* 12. Funding Opportunity Number:**

DHS-09-GPD-067-1959

\* Title:

Fiscal Year 2009 Homeland Security Grant Program (HSQP)

**13. Competition Identification Number:**

Title:

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

California - Statewide

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

California - FY09 Homeland Security Grant Program

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 CA

\* b. Program/Project CA

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

CA Congressional Districts.p

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2009

\* b. End Date: 03/30/2012

18. Estimated Funding (\$):

* a. Federal	284,929,704.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	284,929,704.00

\* 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 Explanation:

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Middle Name: R. \* First Name: Matthew

\* Last Name: Bettenhausen

Suffix:

\* Title: Secretary

\* Telephone Number: (916) 324-8908 Fax Number: (916) 324-5902

\* Email: matthew.bettenhausen@ohs.ca.gov

\* Signature of Authorized Representative: John Isaacson \* Date Signed: 03/18/2009