

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

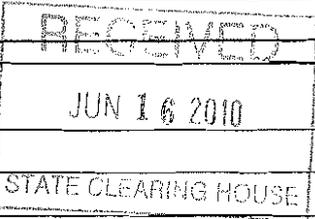
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|--|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED 4-29-10 | Applicant Identifier |
| <input type="checkbox"/> Construction | Pre-application | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="checkbox"/> Non-Construction | <input checked="" type="checkbox"/> Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| <input type="checkbox"/> Non-Construction | | <input type="checkbox"/> Non-Construction | |

5. APPLICANT INFORMATION

| | |
|--|---|
| Legal Name: Nevada Irrigation District | Organizational Unit: Department: Administration |
| Organizational DUNS: 047883061 | Division: |
| Address: Street: 1038 West Main Street | Name and telephone number of person to be contacted on matters involving this application (give area code) |
| | |
| City: Grass Valley | Middle Name: |
| County: Nevada | Last Name Nelson |
| State: California | Suffix: |
| Zip Code 95945 | Email: nelson@nidwater.com |



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6003853

7. TYPE OF APPLICANT: (See back of form for Application Types)
N. Independent Public Agency
Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-763

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Ranchero Way Treated Water Project: A 105 parcel residential-only community with failed and/or under performing wells. This project proposes to provide piped, treated water to each parcel, replacing wells.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
A portion of the unincorporated are of Nevada County, CT 103, BG 1 & 6

13. PROPOSED PROJECT
Start Date: April 2011 Ending Date: March 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 004 b. Project 004

| | |
|----------------------------------|---|
| 15. ESTIMATED FUNDING: | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal USDA \$ 4,549,800.00 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: |
| b. Applicant NID \$ 2,113,000.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 |
| c. State \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| d. Local \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| e. Other \$.00 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No |
| f. Program Income \$.00 | |
| g. TOTAL \$ 6,662,800.00 | |

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

a. Authorized Representative

| | | |
|--|--|-------------|
| Prefix | First Name Ron | Middle Name |
| Last Name Nelson | Suffix | |
| b. Title General Manager | c. Telephone Number (give area code) 530-273-6185 | |
| d. Signature of Authorized Representative <i>Ron Nelson</i> | e. Date Signed 4-28-10 | |

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|--|--|---|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED | Applicant Identifier |
| <input type="checkbox"/> Construction | Pre-application | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input checked="" type="checkbox"/> Non-Construction | <input checked="" type="checkbox"/> Construction | 4. DATE RECEIVED BY FEDERAL AGENCY JUN 08 2010 | Federal Identifier 04-025-0662972975 |
| 5. APPLICANT INFORMATION | | Organizational Unit: | |
| Legal Name: | | Department: | |
| City of Alturas | | Alturas Police Department | |
| Organizational DUNS: 154161728 | | Division: Police | |
| Address: Street: 200 W. North St. | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: Alturas | | Prefix: First Name: Kenneth | |
| County: Modoc | | Middle Name O. | |
| State: California | | Last Name Barnes | |
| Zip Code 96101 | | Suffix: | |
| Country: United States | | Email: chief_barnes@cityofalturas.org | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000280 | | Phone Number (give area code) 530-233-2011 | |
| | | Fax Number (give area code) 530-233-4105 | |
| 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) C. Municipal Other (specify) | |
| Other (specify) | | 8. NAME OF FEDERAL AGENCY: | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Grant Program | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Records Management System / Hardware | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Alturas, Modoc County, California | | | |
| 13. PROPOSED PROJECT Start Date: August 1, 2010 Ending Date: October 1, 2010 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th Congressional District b. Project 4th Congressional District | |
| 16. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 38,210 37,463 ⁰⁰ | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ 12,741 12,488 ⁰⁰ | DATE: | |
| c. State | \$ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 50,951 49,951 ⁰⁰ | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Authorized Representative | | | |
| Prefix | First Name Kenneth | Middle Name O. | |
| Last Name Barnes | | Suffix | |
| b. Title Chief of Police | | c. Telephone Number (give area code) 530-233-2011 | |
| d. Signature of Authorized Representative | | e. Date Signed 04-28-2010 | |

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

| | | | |
|--|---------------------------|---|------------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED June 10, 2010 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier 3-06-0012-10 |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: City of Auburn, California | | Organizational Unit: Department: Auburn Municipal Airport | |
| Organizational DUNS: 004949137 | | Division: | |
| Address: Street: 1225 Lincoln Way City: Auburn County: Placer State: California Zip Code: 95603 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Bernie Middle Name: Last Name: Schroeder Suffix: | |
| Country: United States of America | | Email: bschroeder@auburn.ca.gov | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 2 9 5 | | Phone number (give area code): 530.823.4211 ext 144 FAX number (give area code): 530.885.5508 | |
| 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) <input type="checkbox"/> C Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 - 1 0 6 TITLE: | | 9. NAME OF FEDERAL AGENCY Federal Aviation Authority | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Auburn, Placer, California | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Crack Seal, Seal Coat, & Repaint Runway 7/25, Taxiways A, B,C,D&E and Aircraft Parking Apron 2. Install Medium Intensity Taxiway Lights | |
| 13. PROPOSED PROJECT Start Date: January 1, 2010 Ending Date: December 31, 2010 | | 14. CONGRESSIONAL DISTRICTS OF a. Applicant: California 4th b. Project: California 4th | |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS | |
| a. Federal | \$ 517,063. ⁰⁰ | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ 27,214. ⁰⁰ | DATE: | |
| c. State | \$ 0. ⁰⁰ | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ 0. ⁰⁰ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ 19,158. ⁰⁰ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program income | \$. ⁰⁰ | <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 563,835. ⁰⁰ | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Authorized Representative | | | |
| Prefix Ms. | | First Name Bernie | Middle Name |
| Last Name Schroeder | | Suffix | |
| b. Title Director of Public Works | | c. Telephone number (give area code) 530.823.4211 ext 142 | |
| d. Signature of Authorized Representative <i>Bernie Schroeder</i> | | e. Date Signed 6/11/10 | |

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

Application for Federal Assistance SF-424

| | | | | |
|--|----------------------------|---|---------------------------|--|
| * 1. Type of Submission: | | * 2. Type of Application: | | * If Revision, select appropriate letter(s): |
| <input type="checkbox"/> Preapplication | | <input checked="" type="checkbox"/> New | | <input type="text"/> |
| <input checked="" type="checkbox"/> Application | | <input type="checkbox"/> Continuation | | * Other (Specify): |
| <input type="checkbox"/> Changed/Corrected Application | | <input type="checkbox"/> Revision | | <input type="text"/> |
| * 3. Date Received: | | 4. Applicant Identifier: | | |
| Completed by Grants.gov upon submission. | | <input type="text"/> | | |
| 5a. Federal Entity Identifier: | | 5b. Federal Award Identifier: | | RECEIVED JUN 17 2010 |
| 1647 | | <input type="text"/> | | |
| State Use Only: | | | | |
| 6. Date Received by State: | | 7. State Application Identifier: | | |
| <input type="text"/> | | <input type="text"/> | | |
| STATE CLEARING HOUSE | | | | |
| B. APPLICANT INFORMATION: | | | | |
| * a. Legal Name: City of Culver City | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): | | | * c. Organizational DUNS: | |
| 95-6000701 | | | 0638336510000 | |
| d. Address: | | | | |
| * Street1: | 9770 CULVER BLVD | | | |
| Street2: | <input type="text"/> | | | |
| * City: | CULVER CITY | | | |
| County/Parish: | CA | | | |
| * State: | CA: California | | | |
| Province: | <input type="text"/> | | | |
| * Country: | USA: UNITED STATES | | | |
| * Zip / Postal Code: | 90232-2703 | | | |
| e. Organizational Unit: | | | | |
| Department Name: | | | Division Name: | |
| Transportation (Culver CityBus) | | | <input type="text"/> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | |
| Prefix: | Miss | * First Name: | Diana | |
| Middle Name: | <input type="text"/> | | | |
| * Last Name: | Chang | | | |
| Suffix: | <input type="text"/> | | | |
| Title: | Senior Management Analyst | | | |
| Organizational Affiliation: | | | | |
| <input type="text"/> | | | | |
| * Telephone Number: | 310-253-6566 | Fax Number: | 310-253-6513 | |
| * Email: | diana.chang@culvercity.org | | | |

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

*** Title:**

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Attachment - Areas Affected by Project.pdf

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

Culver CityBus Compressed Natural Gas (CNG) Bus Replacement

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-033

b. Program/Project CA-030

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

Attachment - Project Congressional District

17. Proposed Project:

* a. Start Date: 07/01/2012

* b. End Date: 06/30/2013

18. Estimated Funding (\$):

| | |
|---------------------|--------------|
| * a. Federal | 1,872,000.00 |
| * b. Applicant | 200,000.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 2,060,000.00 |

* 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 06/17/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)

 ** 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: Miss * First Name: Diana

Middle Name:

* Last Name: Chang

Suffix:

* Title: Senior Management Analyst

* Telephone Number: 310-253-6566

Fax Number: 310-253-6513

* Email: diana.chang@culvercity.org

* Signature of Authorized Representative: Completed by Grants.gov Upon submission.

* Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

| | |
|----------------------------------|-------------------------------------|
| 3. DATE RECEIVED BY STATE | State Application Identifier |
| | |

1. * TYPE OF SUBMISSION

Pre-application Application Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Identifier

2. DATE SUBMITTED

06/21/2010

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0527034800000

* Legal Name: Scherba Design Services, LLC

Department: Division:

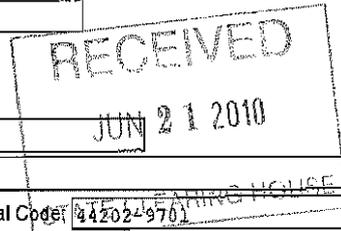
* Street1: 980 Crackel Road

Street2:

* City: Aurora County / Parish:

* State: OH: Ohio Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 44202-9701



Person to be contacted on matters involving this application

Prefix: * First Name: Glenn Middle Name: Richard

* Last Name: Scherba Suffix:

* Phone Number: 3303480052 Fax Number:

Email: postmaster@go-green-window-insulation-panel.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-1259204

7. * TYPE OF APPLICANT: R: Small Business

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

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:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Research and Development of Patent Pending WIP (Window Insulation Panel) new product. <http://www.go-green-window-insulation-panel.com>

12. PROPOSED PROJECT:

* Start Date: 11/12/2010 * Ending Date: 11/14/2011

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

OH-014

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Glenn Middle Name:

* Last Name: Scherba Suffix:

Position/Title: Owner

* Organization Name: Scherba Design Services, LLC

Department: Division:

* Street1: 980 Crackel Road

Street2:

* City: Aurora County / Parish:

* State: OH: Ohio Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 44202-9701

* Phone Number: 330-348-0052 Fax Number:

* Email: postmaster@go-green-window-insulation-panel.com

Application for Federal Assistance SF-424

* 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 21 2010

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

San Francisco, City & County of

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

941160893

* c. Organizational DUNS:

9566174350000

d. Address:

* Street1:

1 S. Van Ness Avenue

Street2:

8th Floor

* City:

San Francisco

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94103-1267

e. Organizational Unit:

Department Name:

Municipal Transportation Agency

Division Name:

Finance and Information Tech

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

Prefix:

* First Name:

Margurita

Middle Name:

* Last Name:

Fuller

Suffix:

Title: Manager, Grants Procurement and Administration

Organizational Affiliation:

* Telephone Number:

415-701-4331

Fax Number:

* Email:

margurita.fuller@sfmta.com

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

*** Title:**

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

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

Islais Creek Motor Coach Operations and Maintenance Facility

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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="66,666,839.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="25,692,618.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="92,359,457.00"/> |

*** 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 in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

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

* 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 21 2010

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

San Francisco, City & County of

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

941160893

* c. Organizational DUNS:

9565174350000

d. Address:

* Street1:

1 S. Van Ness Avenue

Street2:

8th Floor

* City:

San Francisco

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94103-1267

e. Organizational Unit:

Department Name:

Municipal Transportation Agency

Division Name:

Finance and Information Tech

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

Prefix:

* First Name:

Margurite

Middle Name:

* Last Name:

Fuller

Suffix:

Title:

Manager, Grants Procurement and Administration

Organizational Affiliation:

* Telephone Number:

415-701-4331

Fax Number:

* Email:

margurite.fuller@sfmts.com

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

*** 12. Funding Opportunity Number:**

ETA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

ETA-2010-006-TPM-SGR

Title:

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

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

Transportation Asset Management System

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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="12,000,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="3,200,000.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="16,000,000.00"/> |

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

| | | |
|--|--|---|
| Application for Federal Assistance SF-424 | | Version 02 |
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s) *Other (Specify) _____ |
| 3. Date Received: | | 4. Applicant Identifier: |
| 5a. Federal Entity Identifier: | | 5b. Federal Award Identifier: |
| | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED JUN 21 2010 STATE CLEARING HOUSE </div> |
| State Use Only: | | |
| 6. Date Received by State: | | 7. State Application Identifier: |
| B. APPLICANT INFORMATION: | | |
| *a. Legal Name: Central Basin Municipal Water District | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004978 | | *c. Organizational DUNS: 005447503 |
| *d. Address: | | |
| *Street 1: <u>6252 Telegraph Road</u> Street 2: _____ *City: <u>Commerce</u> County: _____ *State: <u>CA</u> Province: _____ *Country: <u>United States of America</u> *Zip / Postal Code: <u>90040</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>Arthur</u> Middle Name: <u>Joseph</u> *Last Name: <u>Aguilar</u> Suffix: _____ Title: <u>General Manager</u> Organizational Affiliation: _____ | | |
| *Telephone Number: (323) 201-5500 | | Fax Number: (323) 201-5550 |
| *Email: <u>arta@centralbasin.org</u> | | |

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART: Advanced Water Treatment Pilot and Demonstration Project Grants

***12 Funding Opportunity Number:**

R10SF80342

*Title:

WaterSMART: Advanced Water Treatment Pilot and Demonstration Project Grants

13. Competition Identification Number:

Title:

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

Cities of Maywood, Bell, Huntington Park and Unincorporated Los Angeles County

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

Pilot Project to Evaluate Treatment Options for Manganese and Removal of Mineral Deposits in the Maywood Mutuals Water Distribution System

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-038 and CA-042

*b. Program/Project: CA-003

17. Proposed Project:

*a. Start Date: September 2010

*b. End Date: June 2012

18. Estimated Funding (\$):

| | | |
|--------------------|-------|-----------|
| *a. Federal | _____ | \$212,000 |
| *b. Applicant | _____ | \$212,000 |
| *c. State | _____ | |
| *d. Local | _____ | |
| *e. Other | _____ | |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/18/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. _____ *First Name: Arthur _____
 Middle Name: Joseph _____
 *Last Name: Aguilar _____
 Suffix: _____

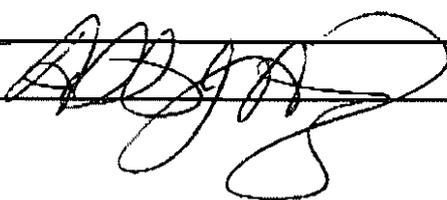
*Title: General Manager

*Telephone Number: (323) 201-5500

Fax Number: (323) 201-5550

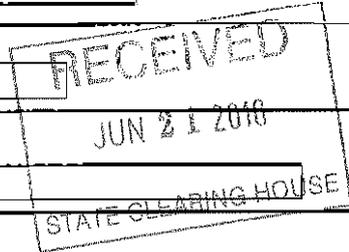
* Email: arta@centralbasin.org

*Signature of Authorized Representative:



*Date Signed: 6/18/10

| Application for Federal Assistance SF-424 | | |
|--|--|--|
| * 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: 06/18/2010 | 4. Applicant Identifier: <input type="text"/> | |
| 5a. Federal Entity Identifier: 1647 | 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"/> | | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: City of Culver City | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000701 | * c. Organizational DUNS: 0638336510000 | |
| d. Address: | | |
| * Street1: 9770 CULVER BLVD | <input type="text"/> | |
| Street2: | <input type="text"/> | |
| * City: CULVER CITY | <input type="text"/> | |
| County/Parish: CA | <input type="text"/> | |
| * State: | CA: California | |
| Province: | <input type="text"/> | |
| * Country: | USA: UNITED STATES | |
| * Zip / Postal Code: 90232-2703 | <input type="text"/> | |
| e. Organizational Unit: | | |
| Department Name: Transportation (Culver CityBus) | Division Name: <input type="text"/> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Miss | * First Name: Diana | <input type="text"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: Chang | <input type="text"/> | |
| Suffix: | <input type="text"/> | |
| Title: Senior Management Analyst | | |
| Organizational Affiliation: <input type="text"/> | | |
| * Telephone Number: 310-253-6566 | Fax Number: 310-253-6513 | |
| * Email: diana.chang@culvercity.org | | |



REVISED June 18, 2010

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

* 12. Funding Opportunity Number:

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Attachment - Areas Affected by Project.pdf



* 15. Descriptive Title of Applicant's Project:

Culver City Bus Compressed Natural Gas (CNG) Bus Replacement

Attach supporting documents as specified in agency instructions.



REVISED June 18, 2010

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Attachment - Project Congressional District

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--------------|
| * a. Federal | 2,031,750.00 |
| * b. Applicant | 225,750.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 2,257,500.00 |

* 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

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:

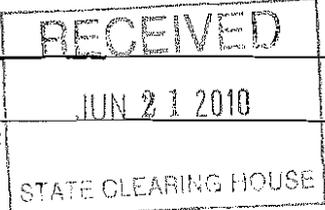
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424 Version 02

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



| | | |
|---------------------------|---|--|
| *3. Date Received: | 4. Application Identifier: 10-354 | |
|---------------------------|---|--|

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

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** City of Oroville

| | |
|--|--|
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387 | *c. Organizational DUNS: 086123437 |
|--|--|

d. Address:
***Street1:** 1735 Montgomery Street
Street 2:
***City:** Oroville
County: Butte
***State:** California
Province:
Country: United States ***Zip/ Postal Code:** 95965

| | |
|---|-----------------------|
| e. Organizational Unit: | |
| Department Name: Administration / Redevelopment | Division Name: |

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

Prefix: Mr. **First Name:** Thomas
Middle Name: Scott
***Last Name:** Fitzpatrick

Suffix:
Title: Redevelopment Coordinator

Organizational Affiliation:
Oroville Redevelopment Agency

| | |
|--|---------------------------------|
| *Telephone Number: 530-538-2405 | Fax Number: 530-538-2468 |
|--|---------------------------------|

***Email:** fitzpatrickts@cityoforoville.org

Application for Federal Assistance SF-424

Version 02

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

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

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

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*12. Funding Opportunity Number:

*Title: Brownfields Assessment and Cleanup Cooperative Agreements

13. Competition Identification Number:

Title:

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

City of Oroville

*15. Descriptive Title of Applicant's Project:

Community wide Hazardous Substances Assessment Grant: Identify, Prioritize, and select site in the Downtown Project Area in Oroville for Phase I and Phase II environmental assessments.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: **Congressman Tom McClintock**
*a. Applicant **CA-004** *b. Program/Project: **CA-004**

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

17. Proposed Project:
*a. Start Date: **10/2010** *b. End Date: **11/2013**

18. Estimated Funding (\$):
*a. Federal **\$400,000.00**
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL **\$400,000.00**

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

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

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

Authorized Representative:
Prefix: **Ms.** *First Name: **Sharon**
Middle Name:
*Last Name: **Atteberry**
Suffix:
*Title: **Executive Director**
*Telephone Number: **530-538-2405** Fax Number: **530-538-2468**
*Email: **fitzpatrickts@cityoforoville.org**
*Signature of Authorized Representative: *Sharon L. Atteberry* Date Signed:

| Application for Federal Assistance SF-424 | | |
|---|--|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | |
| * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | |
| * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ | | |
| * 3. Date Received: Completed by Grants.gov upon submission | | 4. Applicant Identifier: _____ |
| 5a. Federal Entity Identifier: 1674 | | 5b. Federal Award Identifier: _____ |
| RECEIVED JUN 21 2010 STATE CLEARING HOUSE | | |
| State Use Only: | | |
| 6. Date Received by State: _____ | | 7. State Application Identifier: _____ |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: Santa Clara Valley Transportation Authority | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186907 | | * c. Organizational DUNS: 0922028370000 |
| d. Address: | | |
| * Street1: 3331 North First Street | | |
| Street2: _____ | | |
| * City: San Jose | | |
| County/Parish: _____ | | |
| * State: CA: California | | |
| Province: _____ | | |
| * Country: USA: UNITED STATES | | |
| * Zip / Postal Code: 95134-1906 | | |
| e. Organizational Unit: | | |
| Department Name: Programming and Grants | | Division Name: Congestion Management Agency |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Mr. | | * First Name: Jeffery |
| Middle Name: _____ | | |
| * Last Name: Ballou | | |
| Suffix: _____ | | |
| Title: Senior Transportation Planner | | |
| Organizational Affiliation: _____ | | |
| * Telephone Number: 408 321-5628 | | Fax Number: 408 321-5723 |
| * Email: jeffery.ballou@vta.org | | |

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

*** Title:**

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Areas Affected by Project.doc

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Procurement of Hybrid Diesel/Electric Buses

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Congressional Districts served by Santa Cl

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="19,600,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="4,900,000.00"/> |
| * 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="24,500,000.00"/> |

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

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

Yes No

If "Yes", provide explanation and attach

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 | | |
|--|--|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 3. Date Received: Completed by Grants.gov upon submission. | 4. Applicant Identifier: _____ | RECEIVED JUN 21 2010 |
| 5a. Federal Entity Identifier: _____ | 5b. Federal Award Identifier: STATE CLEARING HOUSE | |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: City of Fresno, Fresno Area Express | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338 | * c. Organizational DUNS: 1692040720000 | |
| d. Address: | | |
| * Street1: 2223 G Street | Street2: _____ | |
| * City: Fresno | County/Parish: _____ | |
| * State: CA: California | Province: _____ | |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 93706-1631 | |
| e. Organizational Unit: | | |
| Department Name: _____ | Division Name: _____ | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms. | * First Name: Darlene | |
| Middle Name: _____ | * Last Name: Christiansen | |
| Suffix: _____ | Title: Grant Writer | |
| Organizational Affiliation: _____ | | |
| * Telephone Number: 5596211469 | Fax Number: _____ | |
| * Email: darlene.christiansen@fresno.gov | | |

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Fresno Area Express (FAE) Purchase of 60-Foot Articulated Compressed Natural Gas (CNG) Buses

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="2,365,500.00"/> |
| * b. Applicant | <input type="text" value="484,500.00"/> |
| * 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="2,850,000.00"/> |

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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

*** 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:

RECEIVED

JUN 21 2010

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Fresno, Fresno Area Express

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

946000338

*** c. Organizational DUNS:**

1692048720000

d. Address:

*** Street1:**

2223 G Street

Street2:

*** City:**

Fresno

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93706-1631

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Darlene

Middle Name:

*** Last Name:**

Christiansen

Suffix:

Title:

Grant Writer

Organizational Affiliation:

*** Telephone Number:**

5596211469

Fax Number:

*** Email:**

darlene.christiansen@fresno.gov

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Fresno Area Express (FAX) Compressed Natural Gas (CNG) Retrofit of 20 Existing Transit Buses

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="1,494,000.00"/> |
| * b. Applicant | <input type="text" value="306,000.00"/> |
| * 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="1,800,000.00"/> |

*** 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 in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

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 | | |
|---|---|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 3. Date Received: Completed by Grants.gov upon submission. | 4. Applicant Identifier: _____ | |
| 5a. Federal Entity Identifier: _____ | 5b. Federal Award Identifier: _____ | |
| RECEIVED JUN 21 2010 STATE CLEARING HOUSE | | |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| B. APPLICANT INFORMATION: | | |
| * a. Legal Name: City of Fresno, Fresno Area Express | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338 | * c. Organizational DUNS: 1692048720000 | |
| d. Address: | | |
| * Street1: 2223 G Street | _____ | |
| Street2: | _____ | |
| * City: Fresno | _____ | |
| County/Parish: | _____ | |
| * State: CA: California | _____ | |
| Province: | _____ | |
| * Country: USA: UNITED STATES | _____ | |
| * Zip / Postal Code: 93706-1631 | _____ | |
| e. Organizational Unit: | | |
| Department Name: _____ | Division Name: _____ | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms. | * First Name: Darlene | |
| Middle Name: | _____ | |
| * Last Name: Christiansen | _____ | |
| Suffix: | _____ | |
| Title: Grant Writer | | |
| Organizational Affiliation: _____ | | |
| * Telephone Number: 5596211469 | Fax Number: _____ | |
| * Email: darlene.christiansen@fresno.gov | | |

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

*** Title:**

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Fresno Area Express (FAX) Solar-Powered Secure Bus Storage and Parking Facility

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="2,668,000.00"/> |
| * b. Applicant | <input type="text" value="667,000.00"/> |
| * 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="3,335,000.00"/> |

*** 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 in attachment.)**

- Yes No

If "Yes", provide explanation and attach

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

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

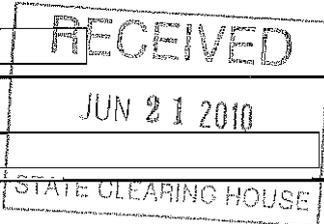
*** If Revision, select appropriate letter(s):**

*** 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 Fresno, Fresno Area Express

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

946000338

*** c. Organizational DUNS:**

1692048720000

d. Address:

*** Street1:** 2223 G Street

Street2:

*** City:** Fresno

County/Parish:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 93706-1631

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.

*** First Name:** Darlene

Middle Name:

*** Last Name:** Christiansen

Suffix:

Title: Grant Writer

Organizational Affiliation:

*** Telephone Number:** 5596211469

Fax Number:

*** Email:** darlene.christiansen@fresno.gov

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

*** Title:**

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Design and Remodel of Fresno Area Express (FAX) Main Facility and Maintenance Buildings

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="4,092,000.00"/> |
| * b. Applicant | <input type="text" value="1,023,000.00"/> |
| * 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="5,115,000.00"/> |

*** 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 in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * 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 | | |
|---|---|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2 Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s) _____ * Other (Specify): _____ |
| * 3. Date Received: 08/18/2010 | 4. Applicant Identifier: _____ | |
| 5a. Federal Entity Identifier: _____ | 5b. Federal Award Identifier: _____ | RECEIVED JUN 21 2010 STATE CLEARING HOUSE |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: County of Sonoma - Sonoma County Transit | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-5000539 | * c. Organizational DUNS: 0801264440000 | |
| d. Address: | | |
| * Street1: 2300 County Center Drive, # B-100 | Street2: _____ | |
| * City: Santa Rosa | County/Parish: _____ | |
| * State: CA: California | Province: _____ | |
| * Country: USA: UNITED STATES | Zp / Postal Code: 95404-0000 | |
| e. Organizational Unit: | | |
| Department Name: Transportation & Public Works | Division Name: Transit | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Mr | * First Name: Bryan | |
| Middle Name: _____ | * Last Name: Albee | |
| Suffix: _____ | Title: Transit Systems Manager | |
| Organizational Affiliation: _____ | | |
| * Telephone Number: 707-585-7516 | Fax Number: 707-535-7713 | |
| * Email: bkalbee@scctransit.com | | |

Application for Federal Assistance SF-424

* 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:

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.SCD

CFDA Title:

Federal Transit Capital Investment Grants

* 12. Funding Opportunity Number:

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Eonoma County Transit Bus Yard & Parking Lot Rehabilitation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="600,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="150,000.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="750,000.00"/> |

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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:

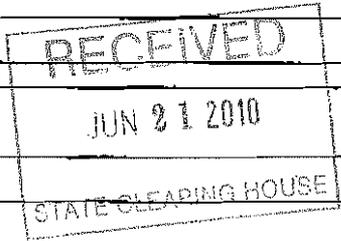
* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | | | |
|--|----|---|---|---|--|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 06/18/2010 | | Applicant Identifier CA-04-0093-1 | |
| Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier CA-04-0093-1 | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Foothill Transit | | | Organizational Unit: Department: Finance | | |
| Organizational DUNS: 94-364-2124 | | | Division: | | |
| Address: Street: 100 S. Vincent Avenue, Suite 200 | | | Name and telephone number of person to be contacted on matters involving this application (give area code) | | |
| City: West Covina | | | Prefix: Mr. | | |
| County: Los Angeles | | | First Name: Gil | | |
| State: CA | | | Middle Name | | |
| Zip Code 91791 | | | Last Name Victorio | | |
| Country: USA | | | Suffix: NA | | |
| | | | Email: gvictorio@foothilltransit.org | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-488218 | | | Phone Number (give area code) (626) 931-7227 | | Fax Number (give area code) (626) 931-7327 |
| 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) Other (specify) Joint Powers Authority | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-500 | | | 9. NAME OF FEDERAL AGENCY: Federal Transit Authority | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Gabriel Park and Rida | | |
| 13. PROPOSED PROJECT Start Date: 07/15/2010 Ending Date: 12/31/2012 | | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,28,32,38 & 42 b. Project Same | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | |
| a. Federal | \$ | 490,000 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/18/2008 | | |
| b. Applicant | \$ | | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | | |
| c. State | \$ | | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | |
| d. Local | \$ | 130,000 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | |
| e. Other | \$ | | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | | |
| f. Program Income | \$ | | | | |
| g. TOTAL | \$ | 620,000 | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Authorized Representative | | | | | |
| Prefix Mr. | | First Name Gil | | Middle Name | |
| Last Name Victorio | | | | Suffix | |
| b. Title Finance Manager | | c. Telephone Number (give area code) (626) 931-7227 | | | |
| d. Signature of Authorized Representative | | e. Date Signed 06/18/2010 | | | |



**APPLICATION FOR
FEDERAL ASSISTANCE**

| | | | | |
|---|--|---|---|---|
| 1. TYPE OF SUBMISSION: Application | | <input type="checkbox"/> Pre-application | 2. DATE SUBMITTED | Applicant Identifier |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Construction | 3. DATE RECEIVED BY STATE | State Application Identifier | |
| <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: London Community Services District | | | Organizational Unit: Department: | |
| Organizational DUNS: | | | Division: | |
| Address: Street: 37835 Kate Road | | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: Dinuba | | | Prefix: Ms. | First Name: Dorothy |
| County: Tulare | | | Middle Name | |
| State: California | | | Last Name: Castro | |
| Zip Code: 93618 | | | Suffix: | |
| Country: USA | | | Email: | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0024119 | | | Phone Number (give area code) (559) 591-5142 | Fax Number (give area code) (559) 591-6964 |
| 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) <input type="checkbox"/> <input type="checkbox"/> | | | 7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water & Waste Disposal Loan and Grant Program 10-760 | | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): London Community Services District, Tulare County, California | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: London Community Services District Water System Rehabilitation & Improvement Project | |
| 13. PROPOSED PROJECT Start Date: 09-1-2010 Ending Date: 09-1-2011 | | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21 | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ | \$1,186,164 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ | 0 | DATE: 06-18-10 | |
| c. State | \$ | \$1,057,836 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ | 0 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ | 0 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$ | 0 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ | \$2,244,000 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | |
| a. Authorized Representative | | | | |
| Prefix: Ms. | First Name: Dorothy | | Middle Name | |
| Last Name: Castro | | | Suffix | |
| b. Title: President, Board of Directors | c. Telephone Number (give area code): (559) 591-5142 | | e. Date Signed: 6-17-10 | |
| d. Signature of Authorized Representative: <i>Dorothy Castro</i> | | | | |

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|--|--|-------------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED | Applicant Identifier |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY JUN 10 2010 | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|---|---|
| Legal Name: Lower Lake "AKA" Lake County Fire <i>Lake County Fire Protection District</i> | Organizational Unit: Department: Fire Department Division: Response Operations |
| Organizational DUNS: 62-683-8882 | Name and telephone number of person to be contacted on matters involving this application (give area code) |
| Address: Street: 16354 Main Street City: Lower Lake County: Lake State: California Zip Code: 95457 | Prefix: Mr. First Name: William Middle Name: Michael Last Name: Sapeta Suffix: |
| Country: USA | Email: divchie703@yahoo.com |

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1522565

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

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

9. NAME OF FEDERAL AGENCY:
U.S.D.A.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program):
10-786

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Battalion Chief Command & Support Response Vehicles

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Lower Lake / County of Lake

13. PROPOSED PROJECT
Start Date: 8/2010 Ending Date: 8/2011

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

15. ESTIMATED FUNDING:

| | |
|-------------------|---------------|
| a. Federal | \$ 98,000.32 |
| b. Applicant | \$ |
| c. State | \$ |
| d. Local | \$ 32,666.78 |
| e. Other | \$ |
| f. Program Income | \$ |
| g. TOTAL | \$ 130,667.10 |

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

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

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

a. Authorized Representative

| | | |
|--|--|---------------------|
| Prefix: MR. | First Name: THOMAS | Middle Name: LESTER |
| Last Name: Walker | Suffix: | |
| b. Title: Project Coordinator | c. Telephone Number (give area code): 707 994-2170 | |
| d. Signature of Authorized Representative: [Signature] | e. Date Signed: June 15 2010 | |

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | 2. DATE SUBMITTED 5/3/2010 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|--|-------------------------------------|
| Legal Name: El Pajaro Community Development Corporation | Organizational Unit: Department: |
| Organizational DUNS: 363010315 | Division: |

| | | |
|---|--|---|
| Address: Street: 23 E. Beach Street Suite 209 City: Watsonville County: Santa Cruz State: CA Zip Code: 95076 | RECEIVED JUN 21 2010 STATE CLEARING HOUSE | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Carmen Middle Name: Last Name: Herrera-Mansir Suffix: Email: cherrera@elpajarocdc.org Phone Number (give area code): 831-722-1224 Fax Number (give area code): 831-722-3128 |
|---|--|---|

| | |
|---|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2656048 | 7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for profit organization Other (specify) |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | 9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture |

| | |
|--|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Business Education and Loan Program | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Education and Loan Program Applicants will provide Business Education and Technical Assistance services to under served rural entrepreneurs in Santa Cruz, Monterey and San Benito Counties. Assistance includes access to financial resources and microloans. All services will be delivered bilingual in culturally appropriate setting. |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Cruz, Monterey, San Benito Counties | |

| | |
|--|---|
| 13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2011 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant S. Farr b. Project |
|--|---|

| | |
|---|--|
| 15. ESTIMATED FUNDING: a. Federal \$ 99,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$ 99,000.00 f. Program Income \$.00 g. TOTAL \$.00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/3/2010 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No |

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

a. Authorized Representative

| | | |
|---|----------------------|--|
| Prefix Ms. | First Name Carmen | Middle Name |
| Last Name Herrera-Mansir | | Suffix |
| b. Title Executive Director | | c. Telephone Number (give area code) 831-722-1224 ext. 15 |
| d. Signature of Authorized Representative | | e. Date Signed 5/3/2010 |

| Application for Federal Assistance SF-424 | | Version 02 |
|---|--------------------------------|--|
| *1. Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application | | *2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision |
| *If Revision, select appropriate letter(s): Remove transaction costs reimbursement * Other (Specify) Remove transaction costs reimbursement | | |
| *3. Date Received: June 17, 2010 | | 4. Application Identifier: |
| 5a. Federal Entity Identifier: | *5b. Federal Award Identifier: | |
| State Use Only: 6. Date Received by State: 7. State Application Identifier: | | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: California Rangeland Trust | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 31-1631453 | | *c. Organizational DUNS: 091216593 |
| d. Address: | | |
| *Street1: 1225 H Street Street 2: *City: Sacramento County: Sacramento *State: California Province: Country: USA *Zip/ Postal Code: 95814-1910 | | |
| e. Organizational Unit: | | |
| Department Name: | | Division Name: |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms. First Name: Meredith Middle Name: *Last Name: Kupferman Suffix: | | |
| Title: Conservation Land Specialist | | |
| Organizational Affiliation: California Rangeland Trust | | |
| *Telephone Number: 916-444-2096 | | Fax Number: 916-329-3488 |
| *Email: mkupferman@rangelandtrust.org | | |

RECEIVED
 JUN 21 2010
 STATE CLEARING HOUSE

RECEIVED
 JUN 17 2010

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXIV

*12. Funding Opportunity Number: R10AF20001

*Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Merced County, California

*15. Descriptive Title of Applicant's Project:

JCR Ranch (East) Conservation Easement Acquisition Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-018** *b. Program/Project: **CA-018**

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

17. Proposed Project:

*a. Start Date: **11/16/2009** *b. End Date: **9/30/2011**

18. Estimated Funding (\$):

| | | | |
|---------------|----------------|--------------------|----------------|
| *a. Federal | \$1,000,000.00 | *d. Local | |
| *b. Applicant | \$114,500.00 | *e. Other | |
| *c. State | \$800,000.00 | *f. Program Income | |
| *d. Local | | *g. TOTAL | \$1,914,500.00 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/17/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Nita
Middle Name: C.
*Last Name: Vail

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 916-444-2096 Fax Number: 916-329-3488

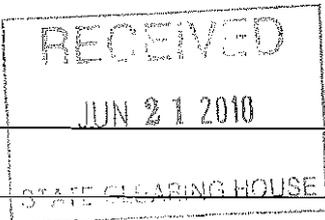
*Email: nvail@rangelandtrust.org

*Signature of Authorized Representative: *Nita C. Vail* Date Signed: June 17, 2010

Application for Federal Assistance SF-424

Version 02

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



| | |
|---------------------------------------|---|
| *3. Date Received: | 4. Application Identifier: 10-354 |
| 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 Oroville | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387 | *c. Organizational DUNS: 086123437 |

d. Address:

*Street1: 1735 Montgomery Street
Street 2:
*City: Oroville
County: Butte
*State: California
Province:
Country: United States *Zip/ Postal Code: 95965

e. Organizational Unit:

| | |
|--|----------------|
| Department Name: Administration / Redevelopment | Division Name: |
|--|----------------|

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

Prefix: Mr. First Name: Thomas
Middle Name: Scott
*Last Name: Fitzpatrick
Suffix:
Title: Redevelopment Coordinator
Organizational Affiliation:
Oroville Redevelopment Agency

| | |
|--|--------------------------|
| *Telephone Number: 530-538-2405 | Fax Number: 530-538-2468 |
| *Email: fitzpatrickts@cityoforoville.org | |

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*12. Funding Opportunity Number:

*Title:

Brownfields Assessment and Cleanup Cooperative Agreements

13. Competition Identification Number:

Title:

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

City of Oroville

*15. Descriptive Title of Applicant's Project:

Community wide Hazardous Substances Assessment Grant: Identify, Prioritize, and select site in the Downtown Project Area in Oroville for Phase I and Phase II environmental assessments.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: Congressman Tom McClintock

*a. Applicant CA-004

*b. Program/Project: CA-004

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

17. Proposed Project:

*a. Start Date: 10/2010

*b. End Date: 11/2013

18. Estimated Funding (\$):

*a. Federal \$400,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$400,000.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 6/16/2010

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Sharon

Middle Name: L.

*Last Name: Atteberry

Suffix:

*Title: Executive Director

*Telephone Number: 530-538-2405

Fax Number: 530-538-2468

*Email: fitzpatrickts@cityoforoville.org

*Signature of Authorized Representative: *Sharon L. Atteberry* Date Signed: 6/16/2010

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | | |
|--|--------------------|---|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED 6/3/2010 | Applicant Identifier |
| | | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: WILLITS KIDS CLUB | | | Organizational Unit: Department: | |
| Organizational DUNS: 962542804 | | | Division: | |
| Address: Street: PO BOX 1845 / 1265 BLOSSER LANE | | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: WILLITS | | | Prefix: MR. | First Name: ERIC |
| County: MENDOCINO | | | Middle Name | |
| State: CALIFORNIA | | | Last Name GLASSEY | |
| Zip Code 95490 | USE | | Suffix: | |
| Country: USA | | | Email: ericinwillits@netscape.net | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0450716 | | | Phone Number (give area code) (707) 459-4710 | Fax Number (give area code) |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | | | 7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O. Not for profit organization Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766 | | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF WILLITS IN MENDOCINO COUNTY, CALIFORNIA | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILLITS KIDS CLUB KITCHEN | |
| 13. PROPOSED PROJECT Start Date: 1 JULY 2010 | | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST | |
| Ending Date: 30 JUNE 2011 | | | b. Project 1ST | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ | 33,755 ⁰⁰ | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ | 27,618 ⁰⁰ | DATE: | |
| c. State | \$ | ⁰⁰ | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ | ⁰⁰ | <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ | ⁰⁰ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$ | ⁰⁰ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ | 61,373 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 ERIC | | Middle Name | |
| Last Name GLASSEY | | | Suffix | |
| b. Title PRESIDENT | | | c. Telephone Number (give area code) (707) 459-4710 | |
| d. Signature of Authorized Representative <i>Eric Glassey</i> | | | e. Date Signed 6/3/2010 | |

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 6/18/2010 | Applicant Identifier |
| Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | | | |
|---|--|--|---|
| Legal Name: WILLITS UNIFIED SCHOOL DISTRICT | | Organizational Unit: Department: ADMINISTRATION | |
| Organizational DUNS: 030995013 | | Division: | |
| Address: Street: 120 PEARL STREET | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: WILLITS | | Prefix: MS | First Name: DEBRA |
| County: MENDOCINO | | Middle Name | |
| State: CALIFORNIA | Zip Code: 95490 | Last Name: KUBIN | |
| Country: USA | | Suffix: | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6002711 | | Phone Number (give area code) 707-459-5314 x 9 | Fax Number (give area code) 707-459-7862 |
| 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) H. INDEPENDENT SCHOOL DISTRICT Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF WILLITS IN MENDOCINO COUNTY, CALIFORNIA | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPGRADING WUSD SCHOOL FARM PRODUCTION CAPACITY | |
| 13. PROPOSED PROJECT Start Date: 1 JULY 2010 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST | |
| Ending Date: 30 JUNE 2011 | | b. Project 1ST | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 33,613.00 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ 27,502.00 | DATE: | |
| c. State | \$.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$.00 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 61,115.00 | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | |
| a. Authorized Representative | | | |
| Prefix MS | First Name DEBRA | Middle Name | |
| Last Name KUBIN | Signature <i>Debra Kubin</i> | | Suffix |
| b. Title SUPERINTENDENT | c. Telephone Number (give area code) 707-459-5314 x 9 | | e. Date Signed 6/18/2010 |
| d. Signature of Authorized Representative | | | |

**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 6-19-2010 | Applicant Identifier |
| <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| 5. APPLICANT INFORMATION | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| Legal Name: ANDERSON VALLEY UNIFIED SCHOOL DISTRICT (AVUSD) | | Organizational Unit: Department: ADMINISTRATION | |
| Organizational DUNS: 081558488 | | Division: | |
| Address: Street: PO Box 457 | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: BOONVILLE | | Prefix: MS | First Name: DONNA |
| County: MENDOCINO | | Middle Name | |
| State: CALIFORNIA | | Last Name: PIERSON-PUGH | |
| Zip Code: 95415 | | Suffix: | |
| Country: USA | | Email: dpp@mcn.org | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-8002711 | | Phone Number (give area code) (707) 895-3010 | Fax Number (give area code) (707) 895-2655 |
| 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) H. INDEPENDENT SCHOOL DISTRICT Other (specify) | |
| Other (specify) | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): USDA COMMUNITY FACILITIES GRANT PROGRAM | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPDATING AVUSD SCHOOL CAFETERIAS TO UTILIZE FRESH LOCAL PRODUCE | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COMMUNITY OF BOONVILLE IN MENDOCINO COUNTY, CALIFORNIA | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST b. Project 1ST | |
| 13. PROPOSED PROJECT Start Date: 1 JULY 2010 Ending Date: 30 JUNE 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: JUNE 16, 2010 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 \$ 31,512. ⁰⁰ | | | |
| b. Applicant \$ 25,783. ⁰⁰ | | | |
| c. State \$. ⁰⁰ | | | |
| d. Local \$. ⁰⁰ | | | |
| e. Other \$. ⁰⁰ | | | |
| f. Program Income \$. ⁰⁰ | | | |
| g. TOTAL \$ 57,295. 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 JAMES | Middle Name R. | |
| Last Name COLLINS | | Suffix | |
| b. Title SUPERINTENDENT | | c. Telephone Number (give area code) (707) 895-3774 | |
| d. Signature of Authorized Representative | | e. Date Signed | |

Application for Federal Assistance SF-424

Version 02

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

| | | |
|--|---------------------------------------|--|
| <p>*3. Date Received:</p> | <p>4. Application Identifier:</p> | <p>RECEIVED</p> <p>JUN 21 2010</p> <p>STATE CLEARING HOUSE</p> |
| <p>5a. Federal Entity Identifier: 10-353</p> | <p>*5b. Federal Award Identifier:</p> | |

State Use Only:

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

8. APPLICANT INFORMATION:

| | |
|---|---|
| <p>* a. Legal Name: Northcoast Environmental Center</p> | |
| <p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7122386</p> | <p>*c. Organizational DUNS: 082455551</p> |

d. Address:

*Street1: 791 8th St. Suite 6
 Street 2:

*City: Arcata
 County: Humboldt
 *State: CA
 Province:
 Country: *Zip/ Postal Code: 95521

e. Organizational Unit:

| | |
|---------------------------------|-------------------------------|
| <p>Department Name: N/A</p> | <p>Division Name: N/A</p> |
|---------------------------------|-------------------------------|

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

Prefix: First Name: Kirk
 Middle Name:
 *Last Name: Cohune
 Suffix:
 Title: Project Manager

Organizational Affiliation:
 GreenWay Partners

| | |
|--|--------------------|
| <p>*Telephone Number: 707-822-0597</p> | <p>Fax Number:</p> |
| <p>*Email: cohune@greenwaypartners</p> | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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

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

*Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreement

*12. Funding Opportunity Number: EP-OSWER-OBLR-09-05

*Title: FY PROPOSAL GUIDELINES FOR BROWNFIELDS CLEANUP GRANTS

13. Competition Identification Number:

Title:

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

City of Arcata

*15. Descriptive Title of Applicant's Project:

Cleanup of PCE/TCE on Northcoast Environmental Center Property in Arcata, CA.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-001

*b. Program/Project: CA-001

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

17. Proposed Project:

*a. Start Date: July 1, 2010

*b. End Date: April 30th, 2013

18. Estimated Funding (\$):

*a. Federal \$200,000.00

*b. Applicant \$40,000.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$240,000.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 6/21/2010

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name: Pete

Middle Name:

*Last Name: Nichols

Suffix:

*Title: NEC Board President

*Telephone Number: 707-268-0664

Fax Number:

*Email: pete@humboldtbykeeper.org

*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 03/29/2010 | Applicant Identifier G1096010 |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-137-R-2 |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: State of California | | Organizational Unit: Department: Department of Fish and Game | |
| Organizational OUNS: 080322358 | | Division: Grants Management Branch (GMB) | |
| Address: Street: 1812 Ninth Street | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Pete | |
| City: Sacramento | | Middle Name | |
| County: Sacramento | | Last Name: Marcellana | |
| State: California Zip Code: 95811 | | Suffix: | |
| Country: USA | | Email: pmarcellana@dfg.ca.gov | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1897567 | | Phone Number (give area code) (916) 445-4658 | Fax Number (give area code) (916) 327-6320 |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | | 7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Region 1 Anadromous Sport Fish Management and Research | |
| 13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2012 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 2,518,367 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: | |
| b. Applicant | \$ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| c. State | \$ 838,789 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| d. Local | \$ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| e. Other | \$ | | |
| f. Program Income | \$ | | |
| g. TOTAL | \$ 3,355,156 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Authorized Representative | | | |
| Prefix Mr. | First Name Blaine | Middle Name | |
| Last Name Nickens | Suffix | | |
| b. Title Acting Chief, Grants Management Branch | c. Telephone Number (give area code) (916) 327-9300 | | |
| d. Signature of Authorized Representative <i>[Signature]</i> | e. Date Signed 6/22/2010 | | |

OMB Number: 4040-3004
Expiration Date: 04/31/2012

| Application for Federal Assistance SF-424 | | Version 02 |
|--|---|---|
| *1. Type of Submission | | *2. Type of Application |
| <input type="checkbox"/> Preapplication | <input checked="" type="checkbox"/> New | *If Revision, select appropriate letter(s): |
| <input checked="" type="checkbox"/> Application | <input type="checkbox"/> Continuation | * Other (Specify) |
| <input type="checkbox"/> Changed/Corrected Application | <input type="checkbox"/> Revision | |
| *3. Date Received: | 4. Application Identifier: | |
| 5a. Federal Entity Identifier: | *5b. Federal Award Identifier: | |
| | | RECEIVED JUN 22 2010 |
| State Use Only: | | STATE CLEARING HOUSE |
| 6. Date Received by State: | 7. State Application Identifier: | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: City of Arcata | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186507 | *c. Organizational DUNS: 004940821 | |
| d. Address: | | |
| *Street1: 736 F Street | | |
| Street 2: | | |
| *City: Arcata | | |
| County: Humboldt | | |
| *State: CA | | |
| Province: | | |
| Country: USA | | |
| *Zip/ Postal Code: 95521 | | |
| e. Organizational Unit: | | |
| Department Name: Environmental Services Department | | Division Name: Natural Resources |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms | | First Name: Julie |
| Middle Name: | | |
| *Last Name: Neander | | |
| Suffix: | | |
| Title: Environmental Programs Manager | | |
| Organizational Affiliation: | | |
| *Telephone Number: 707-825-2151 | | |
| Fax Number: 707-822-8018 | | |
| *Email: jneander@cityofarcata.org | | |

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

NOAA

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*12. Funding Opportunity Number: NOAA-NOS-MB-2010-2002722

*Title: Estuary Restoration Act FY 2010

13. Competition Identification Number:

Title:

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

City of Arcata, Humboldt County, State of California

*15. Descriptive Title of Applicant's Project:

City of Arcata McDaniel Slough Expansion Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: Mike Thompson - 1

*a. Applicant Mike Thompson - 1

*b. Program/Project: Mike Thompson - 1

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

17. Proposed Project: City of Arcata McDaniel Slough Expansion

*a. Start Date: September 1, 2010

*b. End Date: September 30, 2013

18. Estimated Funding (\$):

| | |
|--------------------|----------------|
| *a. Federal | \$794,680.00 |
| *b. Applicant | \$124,000.00 |
| *c. State | \$360,000.00 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | \$1,278,680.00 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/22/10
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Randal

Middle Name: J.

*Last Name: Mendosa

Suffix:

*Title: City Manager

*Telephone Number: 707-822-5953

Fax Number: 707-822-8018

*Email: rmendosa@cityofarcata.org

*Signature of Authorized Representative:

Date Signed: 6/22/10

| Application for Federal Assistance SF-424 | | |
|--|--|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 3. Date Received Completed by Grants.gov upon submission | 4. Applicant Identifier: _____ | RECEIVED JUN 23 2010 |
| 5a. Federal Entity Identifier: _____ | 5b. Federal Award Identifier: _____ | STATE CLEARING HOUSE |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: San Diego Metropolitan Transit System | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3041463 | * c. Organizational DUNS: 1536827030000 | |
| d. Address: | | |
| * Street1: 1255 Imperial Ave., Suite 1000 | Street2: _____ | |
| * City: San Diego | County/Parish: _____ | |
| * State: CA: California | Province: _____ | |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 92101-7439 | |
| e. Organizational Unit: | | |
| Department Name: Facilities | Division Name: _____ | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms. | * First Name: Nancy | |
| Middle Name: _____ | * Last Name: Dall | |
| Suffix: _____ | Title: Grants Administrator | |
| Organizational Affiliation: employee | | |
| * Telephone Number: 619-557-4537 | Fax Number: 619-234-3407 | |
| * Email: nancy.dall@sdmts.com | | |

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FTA-2010-004-TPM

*** Title:**

Clean Fuels Grant & Discretionary Bus and Bus Facilities Programs

13. Competition Identification Number:

FTA-2010-004-TPM

Title:

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

Add Attachment

Delete Attachment

View Attachments

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

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

Attach supporting documents as specified in agency instructions

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="1,564,522.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="186,148.00"/> |
| * d. Local | <input type="text" value="391,130.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="2,141,800.00"/> |

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * 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 | | |
|---|---|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 3. Date Received: Completed by Grants.gov upon submission. | 4. Applicant Identifier: _____ | RECEIVED JUN 23 2010 STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: _____ | 5b. Federal Award Identifier: _____ | |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: San Diego Metropolitan Transit System | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3041463 | * c. Organizational DUNS: 1536827030000 | |
| d. Address: | | |
| * Street1: 1255 Imperial Ave., Suite 1000 | _____ | |
| Street2: | _____ | |
| * City: San Diego | _____ | |
| County/Parish: | _____ | |
| * State: CA: California | _____ | |
| Province: | _____ | |
| * Country: USA: UNITED STATES | _____ | |
| * Zip / Postal Code: 92101-7439 | _____ | |
| e. Organizational Unit: | | |
| Department Name: _____ | Division Name: _____ | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Ms. | * First Name: Nancy | _____ |
| Middle Name: | _____ | |
| * Last Name: Dall | _____ | |
| Suffix: | _____ | |
| Title: Grants Administrator | | |
| Organizational Affiliation: employee | | |
| * Telephone Number: 619-557-4537 | Fax Number: 619-234-3407 | |
| * Email: nancy.dall@sdmts.com | | |

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:
Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:
State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

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

Purchase 85 CNG fuel replacement buses for portions of MTS fleet wick meet or exceed their useful life.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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="32,448,633.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="8,112,158.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="40,560,791.00"/> |

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

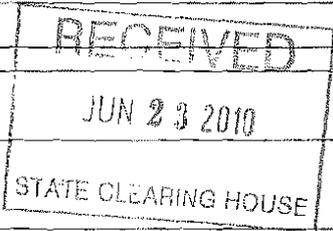
* Signature of Authorized Representative * Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|--|--|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED 03/6/2007 | 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 <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | | | |
|--|--|--|----------------------|
| 5. APPLICANT INFORMATION | | Organizational Unit: | |
| Legal Name: Sierra Economic Development Corporation | | Department: | |
| Organizational DUNS: 08-885-6885 | | Division: | |
| Address: Street: 560 Wall Street, Suite F | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: Auburn | | Prefix: Mr. | First Name: Brent |
| County: Placer | | Middle Name: | |
| State: CA | | Last Name: Smith | |
| Zip Code: 95603 | | Suffix: | |
| Country: United States | | Email: brent@sedcorp.biz | |



| | | |
|--|---|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043 | Phone Number (give area code) 530-823-4703 | Fax Number (give area code) 530-823-4142 |
|--|---|---|

| | |
|---|--|
| 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) 0 Other (specify) |
|---|--|

| | |
|--|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): | 9. NAME OF FEDERAL AGENCY: USDA/Rural Development |
|--|--|

| | |
|--|--|
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Boot Camps for Placer, Nevada and El Dorado Counties | 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Placer, Nevada and El Dorado Counties |
|--|--|

| | |
|---|---|
| 13. PROPOSED PROJECT Start Date: 09/01/2010 Ending Date: 08/31/2011 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: McClintock - 4 b. Project: McClintock - 4 |
|---|---|

| | |
|------------------------|--|
| 15. ESTIMATED FUNDING: | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal \$ 90,000 | 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, 2010 |
| b. Applicant \$ | b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 |
| c. State \$ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| d. Local \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| e. Other \$ | <input type="checkbox"/> Yes if "Yes" attach an explanation <input checked="" type="checkbox"/> No |
| f. Program Income \$ | |
| g. TOTAL \$ 90,000 | |

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

| | |
|---|--|
| a. Authorized Representative Prefix: Mr. First Name: Brent Middle Name: Last Name: Smith Suffix: | b. Title: Chief Executive Officer c. Telephone Number (give area code): 530-823-4703 e. Date Signed: 6/23/10 |
| d. Signature of Authorized Representative: <i>Brent Smith for Brent Smith</i> | |

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|--|--|---|--|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED 06/22/2010 | Applicant Identifier |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Construction | 3. DATE RECEIVED BY STATE | State Application Identifier G1098009 |
| <input checked="" type="checkbox"/> Non-Construction | <input checked="" type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-49-AE-24 |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: State of California | | Organizational Unit: Department: Fish and Game | |
| Organizational DUNS: 808322358 | | Division: Grants Management Branch | |
| Address: Street: 1812 Ninth Street | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: Sacramento | | Prefix: | First Name: Pete |
| County: Sacramento | | Middle Name | |
| State: CA Zip Code 95814 | | Last Name Marcellana | |
| Country: | | Suffix: | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567 | | Email: pmarcellana@dfg.ca.gov | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | | 7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aquatic Resource Education Program | |
| 13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2011 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 99 | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 2,582,404 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: | |
| b. Applicant | \$ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| c. State | \$ 860,801 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d. Local | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| e. Other | \$ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| f. Program Income | \$ | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | |
| g. TOTAL | \$ 3,443,205 | a. Authorized Representative | |
| Prefix Mr. First Name Blaine Middle Name | | b. Title Chief, Grants Management Branch | |
| Last Name Nickens Suffix | | c. Telephone Number (give area code) (916) 445-9300 | |
| d. Signature of Authorized Representative | | e. Date Signed 6/23/2010 | |

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Prescribed by OMB Circular A-102

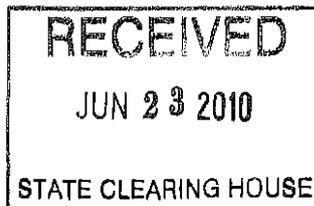
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | | |
|--|----------------------|--|--|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | 2. DATE SUBMITTED | Applicant Identifier |
| | | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: LITTLE LAKE GRANGE #670 | | | Organizational Unit: Department: | |
| Organizational DUNS: | | | Division: | |
| Address: Street: 291 SCHOOL STREET | | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: WILLITS | | | Prefix: MS | First Name: KARINA |
| County: MENDOCINO | | | Middle Name | |
| State: CALIFORNIA | | | Last Name McABEE | |
| Zip Code 95490 | | | Suffix: | |
| Country: USA | | | Email: karinajoy@willitsonline.com | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1747062 | | | Phone Number (give area code) (707) 459-8550 | Fax Number (give area code) |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | | | 7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for profit organization Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): | | | 9. NAME OF FEDERAL AGENCY: USDA | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF WILLITS IN MENDOCINO COUNTY | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LITTLE LAKE GRANGE REPAIRS | |
| 13. PROPOSED PROJECT Start Date: 1 JULY 2010 | | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st | |
| Ending Date: 30 JUNE 2011 | | | b. Project 1st | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ | 147,332 ⁰⁰ | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ | 120,577 ⁰⁰ | DATE: | |
| c. State | \$ | 0 ⁰⁰ | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ | ⁰⁰ | <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ | ⁰⁰ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$ | ⁰⁰ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ | 267,910 ⁰⁰ | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | |
| a. Authorized Representative | | | | |
| Prefix MS | First Name KARINA | | Middle Name | |
| Last Name McABEE | | | Suffix | |
| b. Title PRESIDENT | | | c. Telephone Number (give area code) (707) 459-8550 | |
| d. Signature of Authorized Representative <i>Richard Jergenson</i> RICHARD JERGENSON, VICE PRES | | | e. Date Signed 06/10/2010 | |

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



Application for Federal Assistance SF-424

* 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:

06/18/2010

4. Applicant Identifier:

RECEIVED

JUN 23 2010

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Santa Barbara Metropolitan Transit District

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

95-2546247

* c. Organizational DUNS:

0573625350000

d. Address:

* Street1:

550 Olive Street

Street2:

* City:

Santa Barbara

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93101-1610

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:

Steve

Middle Name:

* Last Name:

Maas

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

805-963-3364

Fax Number:

805-963-3365

* Email:

smaas@sbmtd.gov

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Santa Barbara MTD Bus Replacement. The project comprises the purchase of ten replacement diesel transit buses, producing dramatic reductions in emissions compared to the buses that will be replaced.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="3,237,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="663,000.00"/> |
| * 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="3,900,000.00"/> |

* 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * 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 06/23/2010 | Applicant Identifier G1098010 |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-137-R-2 |

5. APPLICANT INFORMATION

| | | |
|---------------------------------------|---|--|
| Legal Name: State of California | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">JUN 23 2010</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div> | Organizational Unit: Department: Department of Fish and Game |
| Organizational DUNS: 808322358 | | Division: Grants Management Branch (GMB) |
| Address: Street: 1812 Ninth Street | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Pete |
| City: Sacramento | | Middle Name |
| County: Sacramento | Last Name: Marcellana | Suffix: |
| State: California Zip Code: 95811 | Email: pmarcellana@dfg.ca.gov | |
| Country: USA | | |

| | | |
|--|---|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697587 | Phone Number (give area code) (916) 445-4658 | Fax Number (give area code) (916) 327-6320 |
|--|---|---|

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

| | |
|---|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Sport Fish Restoration Act 15-805 | 9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service |
| | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Region 1 Anadromous Sport Fish Management and Research |

| | |
|--|--|
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project |
|--|--|

| | |
|--|---|
| 13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2012 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/22/2010 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 \$ 2,525,429 | |
| b. Applicant \$ | |
| c. State \$ 841,810 | |
| d. Local \$ | |
| e. Other \$ | |
| f. Program Income \$ | |
| g. TOTAL \$ 3,367,238 | |

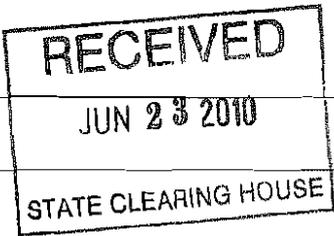
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|---|--|-------------|
| a. Authorized Representative | | |
| Prefix Mr. | First Name Blaine | Middle Name |
| Last Name Nickens | Suffix | |
| b. Title Acting Chief, Grants Management Branch | c. Telephone Number (give area code) (916) 327-9300 | |
| d. Signature of Authorized Representative | e. Date Signed 6/23/2010 | |

Application for Federal Assistance SF-424

Version 02

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



State Use Only:

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

8. APPLICANT INFORMATION:

| | |
|--|--|
| * a. Legal Name: Redevelopment Agency of the City of Rialto | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000768 | *c. Organizational DUNS: 083583849 |

d. Address:

*Street1: 131 South Riverside Avenue
Street 2:
*City: Rialto
County: San Bernardino
*State: CA
Province:
Country: United States

*Zip/ Postal Code: 92376

e. Organizational Unit:

| | |
|---|------------------------------|
| Department Name: Redevelopment Agency | Division Name: N/A |
|---|------------------------------|

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

Prefix: Mr. First Name: Greg
Middle Name:
*Last Name: Lantz
Suffix:
Title: Economic Development Manager

Organizational Affiliation:
Redevelopment Agency of the City of Rialto

| | |
|--|---------------------------------|
| *Telephone Number: 909-879-1150 | Fax Number: 909-875-5467 |
| *Email: glantz@rialtoca.gov | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

California Community Redevelopment Agency

*10. Name of Federal Agency:

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*12. Funding Opportunity Number: EPA-OSWER-OBLR-09-04

*Title: Proposal Guidelines for Brownfields Assessment Grants

13. Competition Identification Number: EPA-560-F-08-249

Title:

EPA Brownfields Assessment Grants

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

City of Rialto, California

*15. Descriptive Title of Applicant's Project:

Brownfield Community Wide Assessment Grant (Hazardous Substances and Petroleum)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: Congressman Joe Baca

*a. Applicant CA-043

*b. Program/Project: CA-043

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

N/A

17. Proposed Project: Brownfield Community Wide Assessment (Hazardous Substances and Petroleum)

*a. Start Date: August 2010

*b. End Date: August 2012

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/23/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Honorable *First Name: Grace

Middle Name:

*Last Name: Vargas

Suffix:

*Title: Agency Chairperson

*Telephone Number: 909-820-2689

Fax Number: 909-875-5467

*Email: administration@rialtoca.gov

*Signature of Authorized Representative:

Date Signed: June 23, 2010

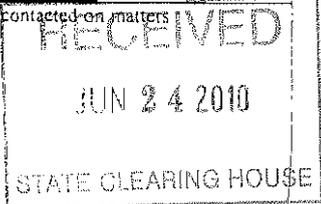
APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

| | |
|--|--|
| Legal Name Ponderosa Community Services District | Organizational Unit: <u>Special District</u> |
| Organizational DUNS: 101713191 | Department: |
| | Division: |

| | |
|---|--|
| Address (give city, county, state, and zip code): <u>156287 Aspen Dr.</u> Springville CA 93265 | Name and telephone number of the person to be contacted on matters involving this application (give area code) Cheri Marchaut 5595422414 |
| County 054 Tulare | Fax: |



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
*******4274**

8. TYPE OF APPLICATION:
New

7. TYPE OF APPLICANT: (enter appropriate letter in box) **G**
Other (specify) _____

9. NAME OF FEDERAL AGENCY:
USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE **10.770**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
2008 Water Infrastructure Improvement

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc):
Ponderosa

| | | | |
|--------------------------------|---------------------------------|---------------------------------|------------------------------------|
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date 4/23/2011 | Ending Date 4/23/2013 | a. Applicant 21 CA | b. Project <u>Water Project</u> |

| | | |
|------------------------|-------------------|---|
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 18, 2010</u> 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 | \$ 800,000 | |
| b Applicant | 0.00 | |
| c State | 0.00 | |
| d Local | 0.00 | |
| e. Other | 0.00 | |
| f. Program Income | 0.00 | |
| g. TOTAL | \$ 800,000 | 17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |

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

| | | |
|--|------------------------------|--|
| a. Typed Name of Authorized Representative <u>Dale Doty</u> | b. Title <u>President</u> | c. Telephone Number <u>559-542-1576</u> |
| d. Signature of Authorized Representative | | e. Date Signed <u>5-12-12</u> |

APPLICATION FOR FEDERAL ASSISTANCE

| | | | |
|---|---|---|---|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED 05-03-10 | Applicant Identifier |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input checked="" type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: City of Lindsay | | Organizational Unit: Department: n/a | |
| Organizational DUNS: 004953261 | | Division: | |
| Address: Street: 251 E. Honolulu City: | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Scot Middle Name: B | |
| County: Tulare | | Last Name: Townsend | |
| State: | Zip Code: 93247 | Suffix: | |
| Country: USA | | Email: scotbtownsend@lindsay.ca.us | STATE CLEARING HOUSE |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357 | | Phone Number (give area code) 559-562-7103 | Fax Number (give area code) 559-562-7100 |
| 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) municipal Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 | | 9. NAME OF FEDERAL AGENCY: | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay/Tulare County/California | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McDermont Library Learning Center | |
| 13. PROPOSED PROJECT Start Date: Ending Date: | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21 | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal USDA | \$ 70,180.00 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant after school program funds | \$ 57,420.00 | DATE: | |
| c. State | \$.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$.00 | <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 127,600.00 127,000.00 SBT | | |
| 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 Scot | Middle Name B | |
| Last Name Townsend | | Suffix | |
| b. Title City Manager | | c. Telephone Number (give area code) 559-562-7103 | |
| d. Signature of Authorized Representative | | e. Date Signed 05-03-10 | |

RECEIVED

JUN 24 2010

STATE CLEARING HOUSE

| | | | | | |
|---|---|--|---|---|--|
| Application for Federal Assistance SF-424 | | Version 02 | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"> *1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:30%; border: none;"> *2 Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:40%; border: none;"> * If Revision, select appropriate letter(s) *Other (Specify) _____ </td> </tr> </table> | | | *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) _____ |
| *1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2 Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s) *Other (Specify) _____ | | | |
| 3 Date Received: | | 4. Applicant Identifier: | | | |
| 5a. Federal Entity Identifier | | *5b. Federal Award Identifier | | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | | 7. State Application Identifier | | | |
| 8. APPLICANT INFORMATION: | | RECEIVED JUN 24 2010 | | | |
| *a Legal Name: SELF-HELP ENTERPRISES | | STATE CLEARING HOUSE | | | |
| *b Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676 | *c. Organizational DUNS. 056179906 | | | | |
| d. Address: | | | | | |
| *Street 1: | 8445 WEST ELOWIN COURT _____ | | | | |
| Street 2 | P O. BOX 6520 _____ | | | | |
| *City: | VISALIA _____ | | | | |
| County | TULARE _____ | | | | |
| *State | CALIFORNIA _____ | | | | |
| Province | _____ | | | | |
| *Country: | USA: UNITED STATES _____ | | | | |
| *Zip / Postal Code | 93290 _____ | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: | | Division Name | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: | MR _____ | *First Name: PATRICK _____ | | | |
| Middle Name: | _____ | | | | |
| *Last Name: | ISHERWOOD _____ | | | | |
| Suffix | _____ | | | | |
| Title: | ADMINISTRATIVE ANALYST | | | | |
| Organizational Affiliation: | | | | | |
| *Telephone Number: (559) 802 - 1653 | | Fax Number: (559) 651-3634 | | | |
| *Email: patricki@selfhelpenterprises.org | | | | | |

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-2010: HOUSING PRESERVATION GRANTS _____

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2010

13. Competition Identification Number:

Title:

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

HPG-application target areas are the city limits of Woodlake, Exeter, Coalinga; and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.

***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

16. Congressional Districts Of:

*a Applicant: 21

*b. Program/Project 18-21

17. Proposed Project

*a Start Date: 09/01/2010

*b End Date: 9/1/2011

18. Estimated Funding (\$):

| | |
|--------------------|---------|
| *a. Federal | 110,000 |
| *b. Applicant | |
| *c. State | 250,000 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 360,000 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/4/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

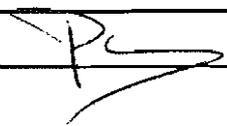
Prefix: MR. *First Name: PETER
Middle Name: NUGENT
*Last Name: CAREY
Suffix: _____

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: 

*Date Signed: 5-5-10

Application for Federal Assistance SF-424

* 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:

RECEIVED

JUN 24 2010

STATE CLEARING HOUSE

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:

San Francisco, City & County of

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

941160893

* c. Organizational DUNS:

9566174350000

d. Address:

* Street1:

1 S. Van Ness Avenue

Street2:

8th Floor

* City:

San Francisco

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94103-1267

e. Organizational Unit:

Department Name:

Municipal Transportation Agenc

Division Name:

Finance and Information Tech

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

Prefix:

* First Name:

Margurite

Middie Name:

* Last Name:

Fuller

Suffix:

Title: Manager, Grants Procurement and Administratio

Organizational Affiliation:

* Telephone Number:

415-701-4331

Fax Number:

* Email:

margurite.fuller@sfmta.com

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Islais Creek Motor Coach Operations and Maintenance Facility

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="66,666,839.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="25,692,618.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="92,359,457.00"/> |

*** 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 in attachment.)**

- Yes No

If "Yes", provide explanation and attach

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

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

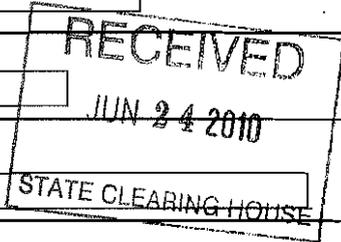
*** If Revision, select appropriate letter(s):**

*** 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:**

San Francisco, City & County of

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

941160893

*** c. Organizational DUNS:**

9566174350000

d. Address:

*** Street1:**

1 S. Van Ness Avenue

Street2:

8th Floor

*** City:**

San Francisco

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94103-1267

e. Organizational Unit:

Department Name:

Municipal Transportation Agenc

Division Name:

Finance and Information Tech

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

Prefix:

*** First Name:**

Margurite

Middle Name:

*** Last Name:**

Fuller

Suffix:

Title:

Manager, Grants Procurement and Administratio

Organizational Affiliation:

*** Telephone Number:**

415-701-4331

Fax Number:

*** Email:**

margurite.fuller@sfmta.com

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

*** 12. Funding Opportunity Number:**

FTA-2010-006-TPM-SGR

* Title:

State of Good Repair Bus and Bus Facilities Initiative

13. Competition Identification Number:

FTA-2010-006-TPM-SGR

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Transportation Asset Management System

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="12,800,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="3,200,000.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="16,000,000.00"/> |

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix:

* 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 (R&R)

3. DATE RECEIVED: _____ STATE: _____ State Application Identifier: _____

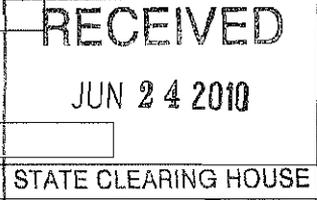
1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier: _____
 b. Agency Routing Identifier: _____

2. DATE SUBMITTED: 07/13/2010
 Applicant Identifier: INLUSTRATECHNOLOGIES

5. APPLICANT INFORMATION * Organizational DUNS: 199434338

* Legal Name: INLUSTRATECHNOLOGIES, INC.
 Department: _____ Division: _____
 * Street1: 5385 HOLLISTER AVE.
 Street2: SUITE #113
 * City: SANTA BARBARA County / Parish: SANTA BARBARA
 * State: CA: California Province: STATE CLEARING HOUSE
 * Country: USA: UNITED STATES * ZIP / Postal Code: 93111-2391



Person to be contacted on matters involving this application
 Prefix: Dr. * First Name: Paul Middle Name: Thomas
 * Last Name: Fini Suffix: _____
 * Phone Number: 805-504-4639 Fax Number: 805-504-4640
 Email: fini@inlustra.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 26-4255313

7. * TYPE OF APPLICANT: _____ R: Small Business
 Other (Specify): _____
 Small Business Organization Type Women Owned Socially and Economically Disadvantaged

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

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

9. * NAME OF FEDERAL AGENCY: National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086
 TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Non-polar and Semi-polar GaN Substrates for High-Efficiency InGaN LEDs

12. PROPOSED PROJECT:
 * Start Date: 01/01/2011 * Ending Date: 12/31/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-023

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
 Prefix: Dr. * First Name: Paul Middle Name: Thomas
 * Last Name: Fini Suffix: _____
 Position/Title: Chief Technology Officer
 * Organization Name: INLUSTRATECHNOLOGIES, INC.
 Department: _____ Division: _____
 * Street1: 5385 HOLLISTER AVE.
 Street2: SUITE #113
 * City: SANTA BARBARA County / Parish: C
 * State: CA: California Province: _____
 * Country: USA: UNITED STATES * ZIP / Postal Code: 93111-2391
 * Phone Number: 805-504-4639 Fax Number: 805-504-4640
 * Email: fini@inlustra.com

| | |
|--|---|
| <p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input style="width:150px;" type="text" value="2,000,000.00"/></p> <p>b. Total Non-Federal Funds <input style="width:150px;" type="text" value="500,000.00"/></p> <p>c. Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="2,500,000.00"/></p> <p>d. Estimated Program Income <input style="width:150px;" 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 style="width:100px;" type="text" value="06/24/2010"/></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

| | | | |
|----------------------|---|--|--|
| <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
|----------------------|---|--|--|

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:

| | |
|---|--|
| <p>* Signature of Authorized Representative</p> <p><input style="width:90%; height: 20px;" type="text" value="Completed on submission to Grants.gov"/></p> | <p>* Date Signed</p> <p><input style="width:90%; height: 20px;" type="text" value="Completed on submission to Grants.gov"/></p> |
|---|--|

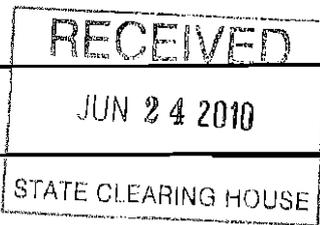
20. Pre-application

| | | | |
|----------------------|---|--|--|
| <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
|----------------------|---|--|--|

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 <input type="checkbox"/> Revision | *Other (Specify) _____ |
|--|---|------------------------|



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

5a. Federal Entity Identifier: _____ *5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Goshen Village Partners II, a California Limited Partnership

| | |
|--|---------------------------------------|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0516328 for Goshen Village Partners II, a CA LP 94-1592676 for Self Help Enterprises, GP | *c. Organizational DUNS: 056179906 |
|--|---------------------------------------|

d. Address:

*Street 1: 8445 W. Elwin Court P.O.Box 6520
Street 2: _____
*City: Visalia
County: County of Tulare
*State: CA
Province: _____
*Country: _____
*Zip / Postal Code: 93290

e. Organizational Unit:

| | |
|--|-----------------------|
| Department Name: Multi-Family Housing | Division Name: N/A |
|--|-----------------------|

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

Prefix: _____ *First Name: Doug
Middle Name: _____
*Last Name: Pingel
Suffix: _____

Title: Multi-Family Program Director

Organizational Affiliation:
N/A

*Telephone Number: 559-802-1651 Fax Number: 559-651-3634

*Email: dougp@selfhelpenterprises.org

Application for Federal Assistance SF-424

Version 02

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

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Rural Housing Service (RHS) USDA

11. Catalog of Federal Domestic Assistance Number:

10.415/10.427

CFDA Title:

10.415 Rural Rental Housing Loans/10.427 Rural Rental Assistance Payments

***12 Funding Opportunity Number:**

N/A

*Title:

N/A

13. Competition Identification Number:

Title:

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

Goshen and County of Tulare

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

Goshen Village II is a new construction 56 unit multi-family housing project with a community room and recreational facilities.

| | |
|--|--|
| | |
|--|--|

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

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

16. Congressional Districts Of:
 *a. Applicant: CA - 021 *b. Program/Project: CA -021

17. Proposed Project:
 *a. Start Date: 02/2011 *b. End Date: 02/2012

18. Estimated Funding (\$):

| | | |
|--------------------|--|-------------|
| *a. Federal | | \$ 2000,000 |
| *b. Applicant | | 0 |
| *c. State | | \$2,000,000 |
| *d. Local | | |
| *e. Other | | \$5,996,842 |
| *f. Program Income | | |
| *g. TOTAL | | 9,996,842 |

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 5/20/2010

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Peter

Middle Name: N.

*Last Name: Carey

Suffix: _____

*Title: President/CEO of Self Help Enterprises, GP of Goshen Village Partners II, a CA Limited Partnership

*Telephone Number: 559-802-0690 Fax Number: 559-851-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: _____ *Date Signed: 7/05/2010

APPLICATION FOR FEDERAL ASSISTANCE

| | | | |
|---|--|--|---|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED June 25, 2010 | Applicant Identifier |
| Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE NA | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 6. APPLICANT INFORMATION | | | |
| Legal Name: California State Coastal Conservancy | | Organizational Unit: Department: | |
| Organizational DUNS: 808322408 | | Division: | |
| Address: Street: 1330 Broadway, 13th floor | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Joei | |
| City: Oakland | | Middle Name Benjamin | |
| County: Alameda | | Last Name Gerwein | |
| State: CA Zip Code 94612 | | Suffix: | |
| Country: USA | | Email: jgerwein@scc.ca.gov | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968 | | Phone Number (give area code) 510-286-4170 | Fax Number (give area code) 510-286-0470 |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | | 7. TYPE OF APPLICANT: (See back of form for Application Types) State Government Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-614 | | 9. NAME OF FEDERAL AGENCY: US Fish and Wildlife Service | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Humboldt, California | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Riverside Ranch Restoration Project | |
| 13. PROPOSED PROJECT Start Date: January 1, 2011 Ending Date: December 31, 2014 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant Barbara Lee, CA #9 b. Project Mike Thompson, CA #1 | |
| 15. ESTIMATED FUNDING: a. Federal \$ 1,000,000 b. Applicant \$ 150,000 c. State \$ 3,650,228 d. Local \$ 15,000 e. Other \$ 2,335,550 f. Program Income \$ 0 g. TOTAL \$ 7,050,778 | | 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: 6/25/2010 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 | |
| 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. First Name Neal Middle Name Last Name Fishman Suffix | | | |
| b. Title Deputy Executive Officer | | c. Telephone Number (give area code) 510-286-1015 | |
| d. Signature of Authorized Representative | | e. Date Signed | |

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

| | | | | | |
|--|---|---|--|---|--|
| Application for Federal Assistance SF-424 | | Version 02 | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"> *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:30%; border: none;"> *2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:40%; border: none;"> * If Revision, select appropriate letter(s) *Other (Specify) _____ </td> </tr> </table> | | | *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s) *Other (Specify) _____ |
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s) *Other (Specify) _____ | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">3. Date Received:</td> <td style="width:40%; border: none;">4. Applicant Identifier:</td> <td style="width:30%; border: none; text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED JUN 24 2010 STATE CLEARING HOUSE </div> </td> </tr> </table> | | 3. Date Received: | 4. Applicant Identifier: | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED JUN 24 2010 STATE CLEARING HOUSE </div> | |
| 3. Date Received: | 4. Applicant Identifier: | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED JUN 24 2010 STATE CLEARING HOUSE </div> | | | |
| 5a. Federal Entity Identifier: | | *5b. Federal Award Identifier: | | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | | 7. State Application Identifier: | | | |
| 8. APPLICANT INFORMATION: | | | | | |
| *a. Legal Name: California State Coastal Conservancy | | | | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3184968 | | *c. Organizational DUNS: 808322408 | | | |
| d. Address: | | | | | |
| *Street 1: | <u>1330 Broadway, Suite 1300</u> | | | | |
| Street 2: | _____ | | | | |
| *City: | <u>Oakland</u> | | | | |
| County: | <u>Alameda</u> | | | | |
| *State: | <u>CA</u> | | | | |
| Province: | _____ | | | | |
| *Country: | <u>United States</u> | | | | |
| *Zip / Postal Code | <u>94612</u> | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: | | Division Name: | | | |
| _____ | | _____ | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: | <u>Ms.</u> | *First Name: <u>Marilyn</u> | | | |
| Middle Name: | <u>Kay</u> | | | | |
| *Last Name: | <u>Latta</u> | | | | |
| Suffix: | _____ | | | | |
| Title: | <u>Project Manager</u> | | | | |
| Organizational Affiliation: California State Coastal Conservancy | | | | | |
| *Telephone Number: 510-286-4157 | | Fax Number: 510-286-0470 | | | |
| *Email: mlatta@scc.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:

D. Special District Government

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Dept Interior, FWS, Wildlife & Sport Fish Restoration Program and Fisheries and Habitat Conservation Program

11. Catalog of Federal Domestic Assistance Number:

15.614

CFDA Title:

***12 Funding Opportunity Number:**

CWG-11

*Title:

Coastal Wetlands Planning, Protection and Restoration Act - National Coastal Wetlands Conservation Grant Program

13. Competition Identification Number:

Title:

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

City of Richmond, Contra Costa County, State of California

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

Breuner Marsh Restoration Project - Phase I - Point Pinole Regional Shoreline Park

| | | |
|---|---------------------------------|-----------------------|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| *a. Applicant: District 9 | *b. Program/Project: District 7 | |
| 17. Proposed Project: | | |
| *a. Start Date: 01-01-2010 | *b. End Date: 01-01-2016 | |
| 18. Estimated Funding (\$): | | |
| *a. Federal | \$1,000,000 | |
| *b. Applicant | | |
| *c. State | | |
| *d. Local | \$350,000 | |
| *e. Other | | |
| *f. Program Income | \$1,000,000 | |
| *g. TOTAL | \$2,350,000 | |
| *19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>6/23/10</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 | | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <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 | | |
| Authorized Representative: | | |
| Prefix: <u>Ms.</u> | *First Name: <u>Nadine</u> | |
| Middle Name: _____ | | |
| *Last Name: <u>Hitchcock</u> | | |
| Suffix: _____ | | |
| *Title: Deputy Director | | |
| *Telephone Number: 510-286-4176 | Fax Number: 510-286-0470 | |
| * Email: nhitchcock@scc.ca.gov | | |
| *Signature of Authorized Representative: Nadine Hitchcock | | *Date Signed: 6/23/10 |

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"/> New |
| <input checked="" type="checkbox"/> Application | | <input type="checkbox"/> Continuation *Other (Specify) _____ |
| <input type="checkbox"/> Changed/Corrected Application | | <input type="checkbox"/> Revision |
| 3. Date Received: | 4. Applicant Identifier: | RECEIVED JUN 21 2010 STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: | *5b. Federal Award Identifier: | |
| State Use Only: | | |
| 6. Date Received by State: | 7. State Application Identifier: | |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: MERCY HOUSING CALIFORNIA | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3081666 | | *c. Organizational DUNS: 883200900 |
| d. Address: | | |
| *Street 1: | 3120 FREEBOARD DRIVE, STE.202 | |
| Street 2: | _____ | |
| *City: | WEST SACRAMENTO | |
| County: | YOLO | |
| *State: | CA | |
| Province: | N/A | |
| *Country: | USA | |
| *Zip / Postal Code | 95691 | |
| e. Organizational Unit: | | |
| Department Name: COMMUNITY DEVELOPMENT | | Division Name: WEST SACRAMENTO |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: _____ | *First Name: DAVID _____ | |
| Middle Name: _____ | | |
| *Last Name: WILKINSON _____ | | |
| Suffix: _____ | | |
| Title: | DIRECTOR OF COMMUNITY DEVELOPMENT | |
| Organizational Affiliation: PRIVATE NON PROFIT | | |
| *Telephone Number: 916-414-4419 | | Fax Number: 916-414-4492 |
| *Email: DWILKINSON@MERCYHOUSING.ORG | | |

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2009

*Title:

HOUSING PRESERVATION GRANT 2009

13. Competition Identification Number:

Title:

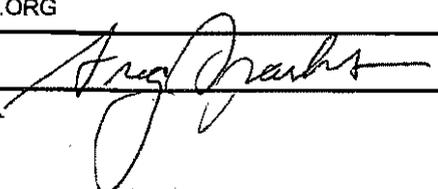
14. Areas Affected by Project (Cities, Counties, States, etc.):

CITY OF JACKSON

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

MERCY HOUSING. CALIFORNIA HOUSING PRESERVATION PROGRAM

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

| | | |
|---|--------------------------------|------------|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| *a. Applicant: 1 | *b. Program/Project: 3 | |
| 17. Proposed Project: | | |
| *a. Start Date: SEPTEMBER 2010 | *b. End Date: SEPTEMBER 2010 | |
| 18. Estimated Funding (\$): | | |
| *a. Federal | 75,000 | |
| *b. Applicant | 100,000 | |
| *c. State | | |
| *d. Local | | |
| *e. Other | | |
| *f. Program Income | | |
| *g. TOTAL | 175,000 | |
| *19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>6/21/2010</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 | | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <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 | | |
| Authorized Representative: | | |
| Prefix: _____ | *First Name: <u>GREG</u> | |
| Middle Name: _____ | | |
| *Last Name: <u>SPARKS</u> | | |
| Suffix: _____ | | |
| *Title: VICE PRESIDENT | | |
| *Telephone Number: 916-414-4439 | Fax Number: 916-414-4490 | |
| * Email: GSPARKS@MERCYHOUSING.ORG | | |
| *Signature of Authorized Representative:  | *Date Signed: <u>6/21/2010</u> | |

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|--|--|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 06/25/10 | Applicant Identifier |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|--|--|
| Legal Name: The Association of American Veterinary Medical Colleges (AAVMC) | Organizational Unit: Department: |
| Organizational DUNS: 805296639 | Division: |
| Address: Street: 1101 Vermont Avenue, NW Suite 301 | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Marguerite |
| City: Washington | Middle Name |
| County: Washington | Last Name Pappaioanou |
| State: DC Zip Code 20005 | Suffix: |
| Country: USA | Email: mpappa@aavmc.org |

RECEIVED
JUN 25 2010
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
36-6144553

| | |
|---|---|
| Phone Number (give area code) 202-371-8195 | Fax Number (give area code) 202-842-0773 |
|---|---|

| | |
|--|--|
| 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) M: Nonprofit with 501C3 (RS Status) Other (specify) |
|--|--|

| | |
|---|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Opportunity Grants | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ASSURING AN ADEQUATE U.S. VETERINARY WORKFORCE TO ENSURE SECURITY AND SAFETY OF THE U.S. FOOD SUPPLY AND TO PROMOTE RURAL DEVELOPMENT |
|---|--|

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
District of Columbia. Multiple counties in California

| | |
|--|---|
| 13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 03/31/2012 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant WDC b. Project CA-021 |
|--|---|

| | |
|--|---|
| 15. ESTIMATED FUNDING: a. Federal \$ 250,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 250,000 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/25/10 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |

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

a. Authorized Representative

| | |
|--|--|
| Prefix Dr. First Name Marguerite | Middle Name |
| Last Name Pappaioanou | Suffix |
| b. Title Executive Director | c. Telephone Number (give area code) 202-371-8195 |
| d. Signature of Authorized Representative <i>Marguerite Pappaioanou</i> | e. Date Signed 6/25/10 |

OMB Number: #040-0004
 Expiration Date: 01/31/2009

| | | | | | |
|---|--|--|--|--|--|
| Application for Federal Assistance SF-424 | | Version 02 | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:33%; vertical-align: top;"> * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:33%; vertical-align: top;"> * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </td> </tr> </table> | | | * 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"/> |
| * 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 Granite.gov upon submission | | 4. Applicant Identifier: <input type="text"/> | | | |
| 5a. Federal Entity Identifier: <input type="text"/> | | * 5b. Federal Award Identifier: <input type="text"/> | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 25 2010 STATE CLEARING HOUSE </div> | | | | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | <input type="text"/> | 7. State Application Identifier: <input type="text"/> | | | |
| 8. APPLICANT INFORMATION: | | | | | |
| * a. Legal Name: California State Coastal Conservancy | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968 | | * c. Organizational OUNS: 908322408 | | | |
| d. Address: | | | | | |
| * Street1: | 1330 Broadway, Suite 1300 | | | | |
| Street2: | <input type="text"/> | | | | |
| * City: | Oakland | | | | |
| County: | <input type="text"/> | | | | |
| * State: | CA: California | | | | |
| Province: | <input type="text"/> | | | | |
| * Country: | USA: UNITED STATES | | | | |
| * Zip / Postal Code: | 94612-2510 | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: | Division Name: | | | | |
| <input type="text"/> | <input type="text"/> | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: | <input type="text"/> | * First Name: Jeffrey | | | |
| Middle Name: | <input type="text"/> | | | | |
| * Last Name: | Melby | | | | |
| Suffix: | <input type="text"/> | | | | |
| Title: | Project Manager | | | | |
| Organizational Affiliation: | | | | | |
| California State Coastal Conservancy | | | | | |
| * Telephone Number: | 510-286-4088 | Fax Number: 510-286-0470 | | | |
| * Email: | jmelby@scc.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:**

U. S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.614

CFDA Title:

Coastal Wetlands Planning, Protection and Restoration Act

*** 12. Funding Opportunity Number:**

CWG-11

*** Title:**

Coastal Wetlands Planning, Protection, and Restoration Act: National Coastal Wetlands Conservation Grant Program

13. Competition Identification Number:

Title:

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

City of Oakley, Contra Costa County, CA

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

Emerson Parcel Tidal Marsh Restoration Project (Dutch Slough)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 * a. Applicant: * 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="1,000,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="5,142,500.00"/> |
| * 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="6,142,500.00"/> |

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

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

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

Authorized Representative:

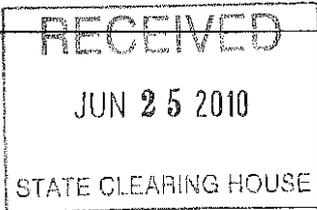
Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:
 * Title:
 * Telephone Number: Fax Number:
 * Email:
 * Signature of Authorized Representative: * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

| | | | |
|---|----------------------------|--|---|
| 5. APPLICANT INFORMATION | | Organizational Unit: | |
| Legal Name: Seeley County Water District | | Department: | |
| Organizational DUNS: | | Division: | |
| Address: | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| Street: 1898 W. Main Street P. O. Box 161 | | Prefix: Mr. | First Name: David |
| City: Seeley | | Middle Name B. | |
| County: Imperial | | Last Name Dale | |
| State: CA | Zip Code 92273 | Suffix: | |
| Country: United State of America | | Email: david.dale@dceinc.org | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006612 | | Phone Number (give area code) 760/545-0162 | Fax Number (give area code) 760/545-0163 |
| 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) <input type="checkbox"/> <input type="checkbox"/> | | 7. TYPE OF APPLICANT: (See back of form for Application Types) G - special district Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760 | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water distribution systems and improvements | |
| 13. PROPOSED PROJECT Start Date: Ending Date: | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 51st b. Project 51st | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 1,700,000 ⁰⁰ | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$ ⁰⁰ | DATE: | |
| c. State | \$ ⁰⁰ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$ ⁰⁰ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$ ⁰⁰ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$ ⁰⁰ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 1,700,000 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 Rocky | Middle Name | |
| Last Name Vandergriff | | Suffix | |
| b. Title Board President | | c. Telephone Number (give area code) 760/545-0162 | |
| d. Signature of Authorized Representative | | e. Date Signed | |



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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0005

Version 7/03

| | | | |
|--|---|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED June 28, 2010 | Applicant Identifier |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input checked="" type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | | |
|---|---|---|
| Legal Name: California Coalition for Rural Housing | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">JUN 25 2010</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div> | Organizational Unit: Department: |
| Organizational DUNS: 883474926 | | Division: |
| Address: Street: 717 K Street, Suite 400 | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| City: Sacramento | Prefix: Miss | First Name: Felicity |
| County: Sacramento | Middle Name Mary | |
| State: CA | Zip Code 95814 | Last Name Lyons |
| Country: | Suffix: | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="-"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="4"/> | | Email: felicity@calruralhousing.org |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) | | 7. TYPE OF APPLICANT: (See back of form for Application Types) |
| Other (specify) <input type="checkbox"/> <input type="checkbox"/> | | 0. Not for Profit Organization Other (specify) |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="-"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="3"/> | | 9. NAME OF FEDERAL AGENCY: Business and Cooperative Programs |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin, Stanislaus, Merced, Madera, Fresno, Tulare, Kings, Kern Counties | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Building the Small Communities Network: A Rural San Joaquin Valley Community and Economic Development Plan |
| 13. PROPOSED PROJECT Start Date: October 1, 2010 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-005 |
| Ending Date: September 31, 2012 | | b. Project CA-11, 18, 19, 20, 21, 22 |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal USDA-RBOG | \$ 76,500.00 | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON |
| b. Applicant CCRH In-kind | \$ 26,380.00 | DATE: June 25, 2010 |
| c. State | \$.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 |
| d. Local | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| e. Other | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| f. Program Income | \$.00 | <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No |
| g. TOTAL | \$.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 Dr. | First Name Robert | Middle Name Joel |
| Last Name Wiener | | Suffix |
| b. Title Executive Director | | c. Telephone Number (give area code) 816-443-4448 |
| d. Signature of Authorized Representative <i>Robert J. Wiener</i> | | e. Date Signed June 28, 2010 |

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EPA R9 Tracking #: 10-351

OMB Number: 4040-0004

Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

| | | | | | |
|---|--|---|--|---|--|
| *1. Type of Submission | | *2. Type of Application | | *If Revision, select appropriate letter(s): | |
| <input type="checkbox"/> Preapplication | | <input checked="" type="checkbox"/> New | | | |
| <input checked="" type="checkbox"/> Application | | <input type="checkbox"/> Continuation | | * Other (Specify) | |
| <input type="checkbox"/> Changed/Corrected Application | | <input type="checkbox"/> Revision | | | |
| *3. Date Received: 6/25/10 | | 4. Application Identifier: | | | |
| 5a. Federal Entity Identifier: | | *5b. Federal Award Identifier: R9 Tracking #: 10-351 | | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | | | 7. State Application Identifier: | | |
| 8. APPLICANT INFORMATION: | | | | | |
| * a. Legal Name: County of Los Angeles | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927 | | | *c. Organizational DUNS: 02-114-7595 | | |
| d. Address: | | | | | |
| *Street1: 500 West Temple Street, Room 754 | | | | | |
| Street 2: | | | | | |
| *City: Los Angeles | | | | | |
| County: Los Angeles | | | | | |
| *State: California | | | | | |
| Province: | | | | | |
| Country: USA | | | *Zip/ Postal Code: 90012 | | |
| e. Organizational Unit: | | | | | |
| Department Name: Chief Executive Office | | | Division Name: Capital Projects/Debt Management | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: Ms. | | First Name: Hannah | | | |
| Middle Name: | | | | | |
| *Last Name: Chen | | | | | |
| Suffix: | | | | | |
| Title: Senior Analyst, CEO | | | | | |
| Organizational Affiliation: County of Los Angeles | | | | | |
| *Telephone Number: (213) 974-1953 | | | Fax Number: (213) 626-7827 | | |
| *Email: hchen@ceo.lacounty.gov | | | | | |

RECEIVED

JUN 25 2010

STATE CLEARING HOUSE

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

CDF 66.818

CFDA Title:

Brownfields Assessment Grants

*12. Funding Opportunity Number: EPA-OSWER-OBLR-09-04

*Title: Proposal Guidelines for Brownfields Assessment Grants

13. Competition Identification Number: EPA-560-F08249

Title:

Request for Proposals for Brownfields Assessment Grants

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

County of Los Angeles, unincorporated areas in East Los Angeles County

*15. Descriptive Title of Applicant's Project:

COUNTY OF LOS ANGELES -- COMMUNITY-WIDE HAZARDOUS SUBSTANCES
AND PETROLEUM ASSESSMENT GRANT**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 22, 25 through 39, 42 and 46 *b. Program/Project: 32,34,35,37,38,39 and 42

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

17. Proposed Project:

*a. Start Date: October 1, 2010 *b. End Date: December 30, 2013

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on June 25, 2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: David

Middle Name: Jan

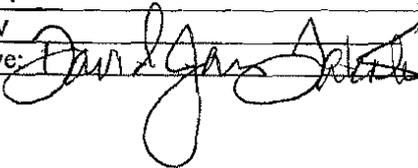
*Last Name: Takata

Suffix:

*Title: Senior Manager, CEO

*Telephone Number: (213) 974-2274 Fax Number: (213) 626-7827

*Email: jtakata@ceo.lacounty.gov

*Signature of Authorized Representative:  Date Signed: 6/25/10

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY | | |
|--|--|---|
| * 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/> | * 1.b. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other * Other (specify) One-time <input type="text"/> | * 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission. |
| 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/> | 3. Applicant Identifier: <input type="text"/> | STATE USE ONLY: 5. Date Received by State: <input type="text"/> |
| 7. APPLICANT INFORMATION: | 4a. Federal Entity Identifier: 4EUF9 | 6. State Application Identifier: <input type="text"/> |
| * a. Legal Name: Sacramento Area Council of Governments | 4b. Federal Award Identifier: <input type="text"/> | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 25 2010 STATE CLEARING HOUSE </div> |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 680153162 | * c. Organizational DUNS: 555895705 | |
| d. Address: | * Street1: 1415 L ST | Street2: STE 300 |
| * City: Sacramento | County: Sacramento | |
| * State: CA: California | Province: <input type="text"/> | |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 95814 | |
| e. Organizational Unit: | Department Name: <input type="text"/> | Division Name: <input type="text"/> |
| f. Name and contact information of person to be contacted on matters involving this submission: | Prefix: Mr. | * First Name: David |
| | * Last Name: Shabazian | Middle Name: <input type="text"/> |
| | Title: Senior Planner | Suffix: <input type="text"/> |
| Organizational Affiliation: Rural-Urban Connections Strategy Project Manager | * Telephone Number: 916-340-6231 | Fax Number: 916-321-9551 |
| * Email: dshabazian@sacog.org | | |

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY | | Version 01.1 |
|---|--|---|
| * 8a. TYPE OF APPLICANT: | | |
| <input type="text"/> | | E: Regional Organization |
| * Other (specify): <input type="text"/> | | |
| b. Additional Description: | | |
| <input type="text"/> | | MPO/Council of Governments |
| * 9. Name of Federal Agency: | | |
| <input type="text"/> | | Business and Cooperative Programs |
| 10. Catalog of Federal Domestic Assistance Number: | | |
| <input type="text"/> | | 10.773 |
| CFDA Title: | | |
| <input type="text"/> | | Rural Business Opportunity Grants |
| 11. Areas Affected by Funding: | | |
| <input type="text"/> | | |
| El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties in the state of California, except for those areas of El Dorado and Placer counties covered by the Tahoe Regional Planning Agency | | |
| 12. CONGRESSIONAL DISTRICTS OF: | | |
| * a. Applicant: | | b. Program/Project: |
| <input type="text"/> | | <input type="text"/> |
| CA-005 | | |
| 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"/> |
| SACOG_CD.txt | | |
| 13. FUNDING PERIOD: | | |
| a. Start Date: | | b. End Date: |
| <input type="text"/> | | <input type="text"/> |
| 01/01/2011 | | 01/01/2013 |
| 14. ESTIMATED FUNDING: | | |
| * a. Federal (\$): | | b. Match (\$): |
| <input type="text"/> | | <input type="text"/> |
| 30,000.00 | | 0.00 |
| * 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? | | |
| <input checked="" type="checkbox"/> a. This submission was made available to the State under the Executive Order 12372 Process for review on: | | <input type="text"/> |
| | | 06/24/2010 |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by State for review. | | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | | |

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

| Application for Federal Assistance SF-424 | | Version 02 |
|---|--|---|
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | *2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____ |
| 3. Date Received: _____ | | 4. Applicant Identifier: CA-90-Y832 |
| 5a. Federal Entity Identifier: 5624 | | *5b. Federal Award Identifier: |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 25 2010 STATE CLEARING HOUSE </div> | | |
| State Use Only: | | |
| 6. Date Received by State: _____ | | 7. State Application Identifier: _____ |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: Western Contra Costa Transit Authority | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086 | | *c. Organizational DUNS: 103429301 |
| d. Address: | | |
| *Street 1: | 601 Walter ave _____ | |
| Street 2: | _____ | |
| *City: | Pinole _____ | |
| County: | _____ | |
| *State: | CA _____ | |
| Province: | _____ | |
| *Country: | USA _____ | |
| *Zip / Postal Code | 94564 _____ | |
| 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: Robert _____ |
| Middle Name: | _____ | |
| *Last Name: | Thompson _____ | |
| Suffix: | _____ | |
| Title: | Manager of Grants, capital Projects and Procurements | |
| Organizational Affiliation: _____ | | |
| *Telephone Number: 510-724-331 | | Fax Number: 510-724-5515 |
| *Email: rob@westcat.org | | |

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507

CFDA Title:

Federal Transit Formula Grant

***12 Funding Opportunity Number:**

5307

*Title:

Urbanized Area Formula

13. Competition Identification Number:

Title:

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

Cities of Hercules and Pinole, Western Contra Costa

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

All FTA funding is Section 5307

CC-990045 ADA operating set-a-side - 114,450

Local Match (20%) - 28,613

Total - 143,063

CC-090038 Purchase and installation of bus lifts in Maintenance facility - 62,132

Local Match 15,533

Total - 77,665

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-007

*b. Program/Project: CA-007

17. Proposed Project:

*a. Start Date: 05/13/10

*b. End Date: 03/31/11

18. Estimated Funding (\$):

| | |
|--------------------|---------------|
| *a. Federal | <u>176582</u> |
| *b. Applicant | <u>44146</u> |
| *c. State | _____ |
| *d. Local | _____ |
| *e. Other | _____ |
| *f. Program Income | _____ |
| *g. TOTAL | <u>220728</u> |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/05/10
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

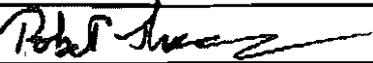
Authorized Representative:

Prefix: Mr *First Name: Robert

Middle Name: _____

*Last Name: Thompson

Suffix: _____

| | |
|--|--|
| *Title: Manager of Grants, Cap Projects and Procurements | |
| *Telephone Number: 510-724-3331 | Fax Number: 510-724-5551 |
| * Email: Rob@westcal.org | |
| *Signature of Authorized Representative:  | *Date Signed: JUNE 11 th 2010 |

Authorized for Local Reproduction

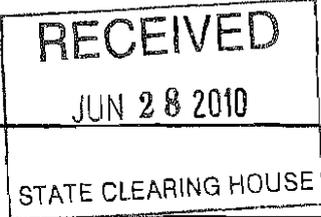
Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

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



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

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

State Use Only:

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

8. APPLICANT INFORMATION:

| | |
|--|---------------------------------------|
| *a. Legal Name: _____ | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0346089 | *c. Organizational DUNS: 943372839 |

d. Address:

| | |
|--------------------|-------------------------------|
| *Street 1: | <u>631 South Orchard Ave.</u> |
| Street 2: | _____ |
| *City: | <u>Ukiah</u> |
| County: | _____ |
| *State: | <u>California</u> |
| Province: | _____ |
| *Country: | <u>U.S.A.</u> |
| *Zip / Postal Code | <u>95482</u> |

e. Organizational Unit:

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

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

| | |
|---------------------------|----------------------------|
| Prefix: _____ | *First Name: <u>Donald</u> |
| Middle Name: _____ | |
| *Last Name: <u>Ballek</u> | |
| Suffix: _____ | |

| |
|----------------------------------|
| Title: <u>Executive Director</u> |
|----------------------------------|

| |
|---|
| Organizational Affiliation: Non - Profit |
|---|

| | |
|--|---------------------------------|
| *Telephone Number: <u>707-467-5953</u> | Fax Number: <u>707-467-5901</u> |
|--|---------------------------------|

| |
|-----------------------------|
| *Email: <u>don@edfc.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:

10.773 _____

CFDA Title:

Rural Business Opportunity Grant _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

MendoREV will impact all of Mendocino County by creating infrastrucutre that increases the value of forestland and pastureland county wide.

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

Mendocino Revitalizing Economic Vitality (MendoREV)

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-001 *b. Program/Project: CA-001

17. Proposed Project:
*a. Start Date: October 2010 *b. End Date: September 2012

18. Estimated Funding (\$):

| | |
|--------------------|-----------|
| *a. Federal | \$250,000 |
| *b. Applicant | \$9434 |
| *c. State | \$26,948 |
| *d. Local | \$55,600 |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 341,982 |

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on June 25, 2010
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

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

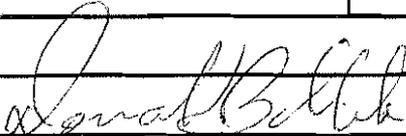
Authorized Representative:

Prefix: _____ *First Name: Donald
Middle Name: _____
*Last Name: Ballek
Suffix: _____

*Title: Executive Director

*Telephone Number: 707-467-5953 Fax Number: 707-467-5901

* Email: don@edfc.org

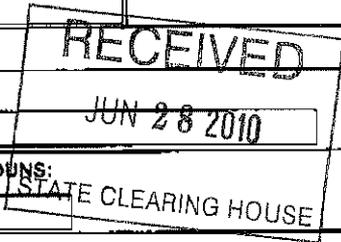
*Signature of Authorized Representative:  *Date Signed: 6/24/10

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

| | | | | | |
|--|--|---|--|---|--|
| * 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/> | | * 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/> | | * 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update | |
| | | * 2. Date Received: Completed by Grants.gov upon submission. | | STATE USE ONLY: | |
| | | 3. Applicant Identifier: <input type="text"/> | | 5. Date Received by State: <input type="text"/> | |
| | | 4a. Federal Entity Identifier: <input type="text"/> | | 6. State Application Identifier: <input type="text"/> | |
| | | 4b. Federal Award Identifier: <input type="text"/> | | | |
| 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/> | | | | | |

7. APPLICANT INFORMATION:

| | |
|---|---|
| * a. Legal Name: Community Alliance with Family Farmers | |
| * h. Employer/Taxpayer Identification Number (EIN/TIN): 942914745 | * c. Organizational DUNS: 364179267 |



| | |
|---|--|
| d. Address: | |
| * Street1: PO Box 363 | Street2: <input type="text"/> |
| * City: Davis | County: <input type="text"/> |
| * State: CA: California | Province: <input type="text"/> |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 95617 |

| | |
|---|---|
| e. Organizational Unit: | |
| Department Name: <input type="text"/> | Division Name: <input type="text"/> |

| | | |
|--|---|---|
| f. Name and contact information of person to be contacted on matters involving this submission: | | |
| Prefix: <input type="text"/> | * First Name: Michelle | Middle Name: <input type="text"/> |
| * Last Name: Wyler | Suffix: <input type="text"/> | |
| Title: <input type="text"/> | | |
| Organizational Affiliation: <input type="text"/> | | |
| * Telephone Number: 707-444-3255 | Fax Number: <input type="text"/> | |
| * Email: michelle@caff.org | | |

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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

M: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)

*** Other (specify):**

b. Additional Description:

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

Business and Cooperative Programs

10. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

1

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2010

b. End Date:

09/30/2012

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

148,660.00

b. Match (\$):

70,000.00

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

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/28/2010
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Diane

Middle Name:

* Last Name:

Del Signore

Suffix:

* Title:

Executive Director

Organizational Affiliation:

* Telephone Number:

5307568518

* Fax Number:

5307567857

* Email:

dianed@aff.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Diane Del Signore

* Date Signed:

Completed by Grants.gov upon submission.

6/28/10

Attach supporting documents as specified in agency instructions.

Add Attachments

APPLICATION FOR
FEDERAL ASSISTANCE

| | | | |
|---|--------------|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED June 28, 2010 | Applicant Identifier |
| <input checked="" type="checkbox"/> Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | | |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: Campionville Academy | | Organizational Unit: Department: N/A | |
| Organizational DUNS: 01-673-9983 | | Division: N/A | |
| Address: Street: 650 Gold Flat Road, Suite A | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Chris | |
| City: Nevada City | | | |
| County: | | Middle Name: Earl | |
| State: California | | Last Name: Mahurin | |
| Zip Code: 95959 | | Suffix: | |
| Country: USA | | Email: cmahurin@coretca.org | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3353789 | | Phone Number (give area code): (530)742-2786 ex. 202 | |
| | | Fax Number (give area code): (530)742-5067 | |
| 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) N | |
| Other (specify): | | Other (specify): California Public Charter School | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Direct Loan Program (USDA) | | 9. NAME OF FEDERAL AGENCY: USDA | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Marysville/Yuba County | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SEE ATTACHED | |
| 13. PROPOSED PROJECT Start Date: October 2010 Ending Date: July 2011 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California 2nd Congressional Dist. b. Project: | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 2,519,752 | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: | |
| b. Applicant | \$ 425,000 | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| c. State | \$ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d. Local | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| e. Other | \$ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| f. Program Income | \$ | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | |
| g. TOTAL | \$ 2,944,752 | | |
| a. Authorized Representative | | | |
| Prefix: Mr. First Name: Chris | | Middle Name: Earl | |
| Last Name: Mahurin | | Suffix: | |
| b. Title: School Director | | c. Telephone Number (give area code): (530)742-2786 ex. 202 | |
| d. Signature of Authorized Representative | | e. Date Signed: June 28, 2010 | |

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

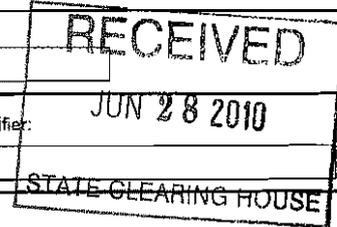
* If Revision, select appropriate letter(s):

* 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:

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

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* 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:**

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

*** 12. Funding Opportunity Number:**

RDBCP-10-01-RBOG

* Title:

Rural Business Opportunity Grant

13. Competition Identification Number:

RDBCP-10-01-RBOG

Title:

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

Klamath Indian Reservation; Chiloquin, OR and Klamath County
Ramah Chapter of the Navajo Nation, Ramah, NM
(also Zuni Tribe, Zuni, NM & Alamo Chapter of the Navajo Nation, Magdalena, NM)
Tuolumne Band of Me-Wuk Indians, Tuolumne, CA and Tuolumne Cty.

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

Entrepreneurial Training for Forest-Based Industries, a project within the IDRS Enviromental Development Services Project.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF 424

Version 02

OMB Number 4240-0034
Expiration Date 01/31/2009

16. Congressional Districts Of:

a. Applicant CA-025

b. Program/Project CA-019

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

Additional Local Project Congressional Districts

17. Proposed Project:

a. Start Date: 08/01/2010

b. End Date: 07/31/2010

18. Estimated Funding (\$):

| | |
|-------------------|-------------|
| a. Federal | 119,050,000 |
| b. Applicant | 85,500,000 |
| c. State | 0,000 |
| d. Local | 0,300 |
| e. Other | 350,000,000 |
| f. Program Income | 0,000 |
| g. TOTAL | 591,500,000 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/28/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review
- c. Program is not covered by E.O. 12372

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

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

Authorized Representative:

Name: Steven
 Middle Name:
 Last Name: Hackett
 Suffix: Ph. D.
 Title: Executive Director
 Telephone Number: 916-482-5600 Fax Number: 916-482-5908
 Email: stevensh@ndlandspac.com

Signature of Authorized Representative: *Steven Hackett* Date Signed: 06/28/2010

| Application for Federal Assistance SF-424 | | |
|--|--|--|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ |
| * 3. Date Received: 06/11/2010 | 4. Applicant Identifier: _____ | RECEIVED JUN 28 2010 STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: 5566 | 5b. Federal Award Identifier: _____ | |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: Los Angeles County Metropolitan Transportation Authority | | |
| * b. Employer/Taxpayer identification Number (EIN/TIN): 954401975 | * c. Organizational DUNS: 0440555230000 | |
| d. Address: | | |
| * Street1: One Gateway Plaza | Street2: _____ | |
| * City: Los Angeles | County/Parish: _____ | |
| * State: CA: California | Province: _____ | |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 90012-2952 | |
| e. Organizational Unit: | | |
| Department Name: Regional Capital Development | Division Name: Regional Programs Management | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: _____ | * First Name: Ashad | Middle Name: _____ |
| * Last Name: Hamideh | Suffix: _____ | |
| Title: Transportation Planning Manager | | |
| Organizational Affiliation: _____ | | |
| * Telephone Number: 213.922.4299 | Fax Number: 213.922.2476 | |
| * Email: hamideha@metro.net | | |

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Public Mass Transit

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

DOT/Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

FTA-2010-004-TPM

* Title:

Clean Fuels Grant & Discretionary Bus and Bus Facilities Programs

13. Competition Identification Number:

FTA-2010-004-TPM

Title:

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

LACMTA System_Map.pdf

Add Attachment

Delete Attachment

View Attachment

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

Funding Proposal for the Procurement of Compressed Natural Gas Replacement Buses for the LACMTA

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="10,375,000.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="0.00"/> |
| * d. Local | <input type="text" value="2,125,000.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="12,500,000.00"/> |

*** 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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

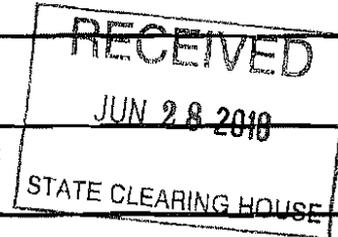
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

| Application for Federal Assistance SF-424 | | Version 02 |
|---|--|--|
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | *2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____ |
| 3. Date Received: | 4. Applicant Identifier: | |
| 5a. Federal Entity Identifier: | *5b. Federal Award Identifier: 09-CA-11420004-357 | |
| State Use Only: 6. Date Received by State: _____ 7. State Application Identifier: _____ | | |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: The Regents of the University of California | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142 | | *c. Organizational DUNS: 627787426 |
| d. Address: | | |
| *Street 1: | 200 University Office Building _____ | |
| Street 2: | _____ | |
| *City: | Riverside _____ | |
| County: | _____ | |
| *State: | CA _____ | |
| Province: | _____ | |
| *Country: | United States _____ | |
| *Zip / Postal Code | 92521 _____ | |
| e. Organizational Unit: | | |
| Department Name: Office of Research | | Division Name: Sponsored Programs Administration |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: | Mrs. _____ | *First Name: Myrna _____ |
| Middle Name: | _____ | |
| *Last Name: | Lindo _____ | |
| Suffix: | _____ | |
| Title: | Senior Contract and Grant Officer | |
| Organizational Affiliation: | | |
| *Telephone Number: 951-827-5535 | | Fax Number: 951-827-4483 |
| *Email: myma.lindo@ucr.edu | | |



Application for Federal Assistance SF-424

Version 02

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

S. Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Forest Health Protection

***12 Funding Opportunity Number:**

***Title:**

13. Competition Identification Number:

Title:

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

Eastern San Diego County (Cities of Descansau and Guate) and the Cleveland National Forest

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

Biological Control of the Goldspotted Oak Borer

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: CA-44 *b. Program/Project: CA-44

17. Proposed Project:
 *a. Start Date: 8/31/2009 *b. End Date: 8/30/11

18. Estimated Funding (\$):

| | |
|--------------------|--------|
| *a. Federal | 47,000 |
| *b. Applicant | 24,440 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 71,440 |

***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 6/28/2010
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

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

Authorized Representative:

Prefix: Mrs. *First Name: Myrna
 Middle Name: _____
 *Last Name: Lindo
 Suffix: _____

*Title: Sr. Contract and Grant Officer

*Telephone Number: 951-827-5535 Fax Number: 951-827-4483

* Email: myrna.lindo@ucr.edu

*Signature of Authorized Representative: Myrna Lindo *Date Signed: June 28, 2010

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

| Application for Federal Assistance SF-424 | | Version 02 |
|--|--|---|
| <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | |
| <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | |
| <p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </p> | | |
| <p>* 3. Date Received: Completed by Grants.gov upon submission: <input type="text"/></p> | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUN 28 2010</p> <p>STATE CLEARING HOUSE</p> </div> |
| <p>4. Applicant Identifier: <input type="text"/></p> | | |
| <p>5a. Federal Entity Identifier: <input type="text"/></p> | | <p>* 5b. Federal Award Identifier: <input type="text"/></p> |
| <p>State Use Only:</p> | | |
| <p>6. Date Received by State: <input type="text"/></p> | | <p>7. State Application Identifier: <input type="text"/></p> |
| <p>8. APPLICANT INFORMATION:</p> | | |
| <p>* a. Legal Name: <input type="text" value="The Regents of the University of California"/></p> | | |
| <p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="27-0093858"/></p> | | <p>* c. Organizational DUNS: <input type="text" value="113645084"/></p> |
| <p>d. Address:</p> | | |
| <p>* Street1: <input type="text" value="5200 N. Lake Road"/></p> <p>Street2: <input type="text"/></p> <p>* City: <input type="text" value="Merced"/></p> <p>County: <input type="text"/></p> <p>* State: <input type="text" value="CA: California"/></p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text" value="USA: UNITED STATES"/></p> <p>* Zip / Postal Code: <input type="text" value="95343-5705"/></p> | | |
| <p>e. Organizational Unit:</p> | | |
| <p>Department Name: <input type="text"/></p> | | <p>Division Name: <input type="text" value="Great Valley Center"/></p> |
| <p>f. Name and contact information of person to be contacted on matters involving this application:</p> | | |
| <p>Prefix: <input type="text"/> * First Name: <input type="text" value="Jue"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text" value="Sun"/></p> <p>Suffix: <input type="text"/></p> | | |
| <p>Title: <input type="text" value="Research Administrator"/></p> | | |
| <p>Organizational Affiliation: <input type="text" value="The Regents of the University of California"/></p> | | |
| <p>* Telephone Number: <input type="text" value="209-228-4758"/></p> | | <p>Fax Number: <input type="text"/></p> |
| <p>* Email: <input type="text" value="spo@ucmerced.edu"/></p> | | |

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

*** 12. Funding Opportunity Number:**

RDBCP-10-01-RBOG

*** Title:**

Rural Business Opportunity Grant

13. Competition Identification Number:

RDBCP-10-01-RBOG

Title:

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

Central Valley California Counties: Shasta, Tehama, Glenn, Butte, Colusa, Sacramento, Sutter, Yolo, Yuba, El Dorado, Placer, San Joaquin, Stanislaus, Merced, Madera, Fresno, Kings, Tulare, Kern

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

Our proposed project integrates diverse community resources for the production of biofuel and will provide a sustainable and economically viable business plan model with a detailed implementation plan

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 | <input type="text" value="CA-18"/> | * b. Program/Project <input type="text" value="CA-18"/> |
| 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"/> | | |
| 17. Proposed Project: | | |
| * a. Start Date: | <input type="text" value="09/01/2010"/> | * b. End Date: <input type="text" value="08/31/2012"/> |
| 18. Estimated Funding (\$): | | |
| * a. Federal | <input type="text" value="250,000.00"/> | |
| * b. Applicant | <input type="text" value="0.00"/> | |
| * c. State | <input type="text" value="0.00"/> | |
| * d. Local | <input type="text" value="0.00"/> | |
| * e. Other | <input type="text" value="197,500.00"/> | |
| * f. Program Income | <input type="text" value="0.00"/> | |
| * g. TOTAL | <input type="text" value="447,500.00"/> | |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> . <input checked="" 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. | | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <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 <small>** 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.</small> | | |
| Authorized Representative: | | |
| Prefix: | <input type="text"/> | * First Name: <input type="text" value="Thea"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: | <input type="text" value="Vicari"/> | |
| Suffix: | <input type="text"/> | |
| * Title: | <input type="text" value="Director, Sponsored Projects Office"/> | |
| * Telephone Number: | <input type="text" value="209-228-4318"/> | Fax Number: <input type="text"/> |
| * Email: | <input type="text" value="spo@ucmerced.edu"/> | |
| * Signature of Authorized Representative: | <input type="text" value="Completed by Grants.gov upon submission."/> | * Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/> |

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | | | |
|--|----|---|--|------------------------------|--|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED June 22, 2010 | Applicant Identifier | |
| | | | 3. DATE RECEIVED BY STATE | State Application Identifier | |
| | | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: COOKSON RANCH FOUNDATION | | | Organizational Unit: Department: | | |
| Organizational DUNS: 098536092 | | | Division: | | |
| Address: Street: 284 COOKSON LANE | | | Name and telephone number of person to be contacted on matters involving this application (give area code): | | |
| City: BLUE LAKE | | | Prefix: Mr | First Name: GARY | RECEIVED |
| County: MENDOCINO | | | Middle Name | | |
| State: CALIFORNIA | | | Last Name: GALUSHA | | |
| Zip Code: 95525 | | | Suffix: | | |
| Country: USA | | | Email: gdgalusha@hotmail.com | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 3 2 3 7 5 0 6 | | | Phone Number (give area code): (707) 963-9389 | | Fax Number (give area code): (707) 963-7692 |
| 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) <input type="checkbox"/> Not for profit organization Other (specify) | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): | | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): HUMBOLDT COUNTY | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPGRADING COOKSON RANCH KITCHEN EQUIPMENT | | |
| 13. PROPOSED PROJECT Start Date: 10/1/2010 | | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST | | |
| Ending Date: 9/30/2011 | | | b. Project 1ST | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | |
| a. Federal | \$ | 12,007 | a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | | |
| b. Applicant | \$ | 9,824 | DATE: JUNE 22, 2010 | | |
| c. State | \$ | | b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | | |
| d. Local | \$ | | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | |
| e. Other | \$ | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | |
| f. Program Income | \$ | | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | | |
| g. TOTAL | \$ | 21,831 | | | |
| 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 GARY | | Middle Name | |
| Last Name GALUSHA | | Suffix | | | |
| b. Title PRESIDENT | | c. Telephone Number (give area code) (707) 963-9389 | | | |
| d. Signature of Authorized Representative | | e. Date Signed 6-24-10 | | | |

Previous Edition Usable
Authorized for Local Reproduction

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

| | | | |
|--|---------------------------------------|--|---|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED JUNE 25, 2010 | Applicant Identifier |
| <input type="checkbox"/> Construction | Pre-application | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| <input checked="" type="checkbox"/> Non-Construction | | | |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: PUEBLO UNIDO CDC | | Organizational Unit: Department: | |
| Organizational DUNS: 025633288 | | Division: | |
| Address: Street: 53-040 AVENIDA MENDOZA City: LA QUINTA County: RIVERSIDE State: CA Zip Code 92253 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: SERGIO Middle Name: Last Name: CARRANZA Suffix: | |
| Country: USA | | Email: scarranza@pucdc.org | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-3547211 | | Phone Number (give area code) (760) 427-0985 | Fax Number (give area code) (760) 777-7550 |
| 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) Non-Profit Organization Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AGRICULTURA WORKER HOUSING REHABILITATION 10-433 | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): THERMAL, OASIS, AND MECCA, RIVERSIDE COUNTY, CALIFORNIA | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AGRICULTURAL WORKER HOUSING REHABILITATION PROGRAM | |
| 13. PROPOSED PROJECT Start Date: AUGUST 2010 Ending Date: AUGUST 2011 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45TH Congressional District b. Project | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 60,000 ⁰⁰ | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: | |
| b. Applicant | \$ 50,000 ⁰⁰ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| c. State | \$ 950,000 ⁰⁰ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d. Local | \$ 0 ⁰⁰ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| e. Other | \$ ⁰⁰ | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| f. Program Income | \$ ⁰⁰ | | |
| g. TOTAL | \$ 1,060,000 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 | First Name SERGIO | Middle Name I. | |
| Last Name CARRANZA | | Suffix | |
| b. Title EXECUTIVE DIRECTOR | | c. Telephone Number (give area code) (760) 427-0985 | |
| d. Signature of Authorized Representative | | e. Date Signed 6/25/2010 | |

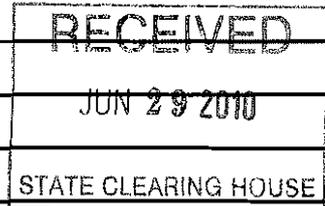
Application for Federal Assistance SF-424

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 <input type="checkbox"/> Revision *Other (Specify) _____ |
|---|--|

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

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



| | |
|----------------------------|----------------------------------|
| State Use Only: | |
| 6. Date Received by State: | 7. State Application Identifier: |

8. APPLICANT INFORMATION:

| | |
|--|---|
| *a. Legal Name: South County Housing Corporation | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2590572 | *c. Organizational DUNS: 09-854-2202 |

d. Address:

| | |
|--------------------|---------------------------|
| *Street 1: | <u>7455 Carmel Street</u> |
| Street 2: | _____ |
| *City: | <u>Gilroy</u> |
| County: | <u>Santa Clara County</u> |
| *State: | <u>California</u> |
| Province: | _____ |
| *Country: | <u>USA</u> |
| *Zip / Postal Code | <u>95020</u> |

e. Organizational Unit:

| | |
|--|----------------|
| Department Name: Real Estate Department | Division Name: |
|--|----------------|

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

| | |
|-----------------------------|--------------------------|
| Prefix: <u>Mr</u> | *First Name: <u>Luis</u> |
| Middle Name: <u>A.</u> | |
| *Last Name: <u>Preciado</u> | |
| Suffix: _____ | |

| |
|-------------------------------|
| Title: <u>Project Manager</u> |
|-------------------------------|

| |
|---|
| Organizational Affiliation: <u>South County Housing Full Time Staff Member</u> |
|---|

| | |
|--|---------------------------------|
| *Telephone Number: <u>408-843-9231</u> | Fax Number: <u>408-842-0277</u> |
|--|---------------------------------|

| |
|---------------------------------|
| *Email: <u>luis@scounty.com</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:

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

Type of Applicant 3: Select Applicant Type:

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

*Other (Specify)

***10 Name of Federal Agency:**

USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.405 _____

CFDA Title:

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

***12 Funding Opportunity Number:**

N/A _____

*Title:

Notice of Funds Available for Section 514 Farm Labor Housing Loan _____

13. Competition Identification Number:

N/A _____

Title:

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

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

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

Camphora Apartments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 17th

*b. Program/Project: CA-017

17. Proposed Project:

*a. Start Date: 04/01/2012

*b. End Date: 07/30/2013

18. Estimated Funding (\$):

| | |
|--------------------|-----------------------------|
| *a. Federal | <u>3,000,000</u> |
| *b. Applicant | <u>391,334</u> |
| *c. State | <u>5,500,000</u> |
| *d. Local | <u>1,470,399</u> |
| *e. Other | <u> </u> |
| *f. Program Income | <u>11,089,977</u> |
| *g. TOTAL | <u>21,452,044</u> |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/27/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Dennis

Middle Name:

*Last Name: Lalor

Suffix:

*Title: President / Chief Executive Officer

*Telephone Number: 408-843-9236

Fax Number: 408-842-0277

* Email: dennis@scounty.com

*Signature of Authorized Representative:



*Date Signed: 6/28/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|---|---|--|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED 6/25/2010 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY | Applicant Identifier State Application Identifier Federal Identifier |
|---|---|---|--|

| | |
|--|--|
| 5. APPLICANT INFORMATION | |
| Legal Name: Tuolumne City Sanitary District Organizational DUNS: 847244506 Address: Street: 18050 Box Factory Road City: Tuolumne County: Tuolumne State: CA Zip Code: 95379 Country: United States | Organizational Unit: Department: N/A Division: N/A Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Evan Middle Name Last Name: Royce Suffix: Email: eroyce@frontiernet.net Phone Number (give area code) 209-928-3517 Fax Number (give area code) 209-928-4550 |

| | | |
|---|--|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1532189 | 7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | G - Special District Other (specify) |
|---|--|---|

| | |
|---|--|
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | 9. NAME OF FEDERAL AGENCY: USDA - Water and Waste Disposal Program |
|---|--|

| | |
|--|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Systems for Rural Communities | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Facilities Improvements |
|--|--|

| | | |
|---|--|--|
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne, Tuolumne County | 13. PROPOSED PROJECT Start Date: 7/1/10 Ending Date: 7/1/13 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19 |
|---|--|--|

| | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|--------------|--------------|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|--------------|---|
| 15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>4,985,000.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>4,985,000.00</td></tr> </table> | a. Federal | \$ | 4,985,000.00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program income | \$ | .00 | g. TOTAL | \$ | 4,985,000.00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/25/2010 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 | \$ | 4,985,000.00 | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| f. Program income | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | 4,985,000.00 | | | | | | | | | | | | | | | | | | | | |

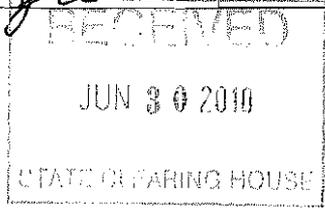
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

| | | |
|--|--------------------|--|
| a. Authorized Representative | | |
| Prefix Mr. | First Name Evan | Middle Name |
| Last Name Royce | | Suffix |
| b. Title Board President | | c. Telephone Number (give area code) 209-928-3517 |
| f. Signature of Authorized Representative Evan C Royce | | e. Date Signed 6/25/2010 |

Previous Edition Usable
 Authorized for Local Reproduction

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

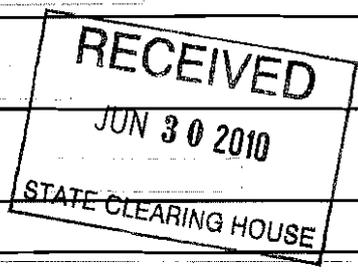


Application for Federal Assistance SF-424 Version 02

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

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

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



| | |
|------------------------|---|
| State Use Only: | 6. Date Received by State: 7. State Application Identifier: |
|------------------------|---|

B. APPLICANT INFORMATION:

| |
|---|
| * a. Legal Name: Southern California Regional Rail Authority |
|---|

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

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

e. Organizational Unit:

| | |
|---|-----------------------|
| Department Name: Capital Planning & Prog Mgmt | Division Name: |
|---|-----------------------|

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

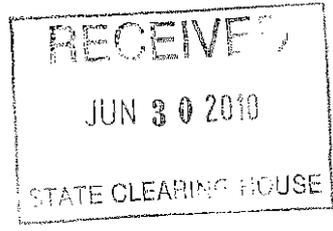
| | |
|-----------------------------|-----------------------------|
| Prefix: Ms. | * First Name: Joanna |
| Middle Name: Starr | |
| * Last Name: Capelle | |
| Suffix: | |

| |
|--|
| Title: Grants & Development Manager |
|--|

| |
|---|
| Organizational Affiliation: Southern California Regional Rail Authority |
|---|

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

| |
|------------------------------------|
| * Email: capellej@scrra.net |
|------------------------------------|



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Joint Powers Authority

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

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

2 0 5 0 0

CFDA Title:

Federal Transit-Formula Grant

*** 12. Funding Opportunity Number:**

CA-05-0235-01

* Title:

FY 09, FY 10 Rehab OCTA, SBAG, VCTC

13. Competition Identification Number:

Title:

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

Cities from Lancaster and Chatsworth through Los Angeles to San Clemente and San Bernardino, in Los Angeles, Orange, San Bernardino Counties, State of California

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

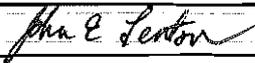
Rehabilitation of the Metrolink track, signals, communications, structures and equipment in Los Angeles, Orange and San Bernardino Counties

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

| | | |
|---|---|----------------------------|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| * a. Applicant | 22-49 | * b. Program/Project 22-49 |
| Attach an additional list of Program/Project Congressional Districts if needed. <input type="button" value="Add Attachment"/> | | |
| 17. Proposed Project: | | |
| * a. Start Date: | 07/01/2009 | * b. End Date: 08/26/2012 |
| 18. Estimated Funding (\$): | | |
| * a. Federal | | 13,132,669.00 |
| * b. Applicant | | |
| * c. State | | |
| * d. Local | | 3,283,167.00 |
| * e. Other | | |
| * f. Program Income | | |
| * g. TOTAL | | 16,415,836.00 |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> | a. This application was made available to the State under the Executive Order 12372 Process for review on | 06/30/2010 |
| <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. | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| Yes | <input checked="" type="checkbox"/> 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) | | |
| <input checked="" type="checkbox"/> ** I AGREE | | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | | |
| Authorized Representative: | | |
| Prefix: | Mr. | * First Name: John |
| Middle Name: | E | |
| * Last Name: | Fenton | |
| Suffix: | | |
| * Title: | Chief Executive Officer | |
| * Telephone Number: | (213) 452-0258 | Fax Number: (213) 452-0452 |
| * Email: | fentonj@scrra.net | |
| * Signature of Authorized Representative: |  | * Date Signed: 6/28/10 |

| Application for Federal Assistance SF-424 | | Version 02 | |
|---|---|---|--|
| * 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): _____ * Other (Specify) _____ |
| * 3. Date Received: _____ | 4. Applicant Identifier: _____ | | |
| 5a. Federal Entity Identifier: _____ | * 5b. Federal Award Identifier: _____ | RECEIVED JUN 30 2010 STATE CLEARING HOUSE | |
| 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: | | | |
| * Street 1: 53-990 Enterprise Way, Suite 1 | Street 2: _____ | | |
| * City: Coachella | County: Riverside | | |
| * State: California | Province: _____ | | |
| * Country: USA: UNITED STATES | Zip / Postal Code: 92236 | | |
| e. Organizational Unit: | | | |
| Department Name: _____ | Division Name: _____ | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | |
| Prefix: Mr | * First Name: Jeffrey | | |
| Middle Name: A | Last Name: Hays | | |
| Suffix: _____ | Title: Executive Director | | |
| Organizational Affiliation: _____ | | | |
| * Telephone Number: (760) 391-5050 | Fax Number: (760) 391-5100 | | |
| * Email: jeff@dace-rancho.org | | | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

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

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

*** Other (specify):**

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

NGMS Agency USDA Rural Development - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

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

*** Title:**

MBL-SF424 FAMILY - ALL FORMS
NOFA for Section 533 Housing Preservation Grant for FY 2010

13. Competition Identification Number:

Title:

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

The City of Blythe

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

Rehabilitation of owner-occupied homes in the City of Blythe, California, a federally designated Rural Empowerment Zone.

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="\$50,000.00"/> |
| * b. Applicant | <input type="text" value="\$50,000.00"/> |
| * 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" value="\$100,000.00"/> |

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

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

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

Yes No

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

** I AGREE

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

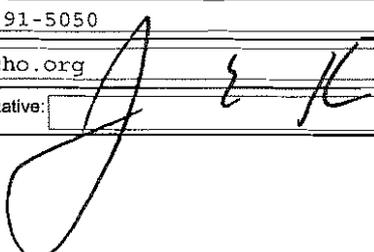
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

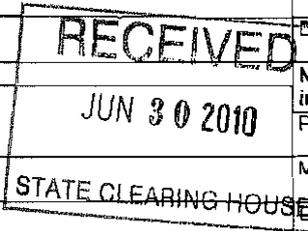
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|--|---|--|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 06/30/2010 | Applicant Identifier |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier G1098018 |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-4-D-60 |

5. APPLICANT INFORMATION

| | |
|---------------------------------------|--|
| Legal Name: State of California | Organizational Unit: Department: CA Dept. of Fish and Game |
| Organizational DUNS: 808322358 | Division: Grants Management Branch |
| Address: Street: 1812 Ninth Street | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Pete |
| City: Sacramento | Middle Name |
| County: Sacramento | East Name Marcellana |
| State: CA Zip Code 95811 | Suffix: |
| Country: | Email: pmarcellana@dfg.ca.gov |



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

| | |
|---|---|
| Phone Number (give area code) (916) 445-4658 | Fax Number (give area code) (916) 327-6320 |
|---|---|

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

A. State

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-605

TITLE (Name of Program): Sport Fish Restoration Act

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

F-4-D-59 Stream and Lake Improvement

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

Statewide

13. PROPOSED PROJECT

Start Date: 07/01/2010 Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 99

15. ESTIMATED FUNDING:

| | | |
|-------------------|----|-----------|
| a. Federal | \$ | 2,466,246 |
| b. Applicant | \$ | |
| c. State | \$ | 822,083 |
| d. Local | \$ | |
| e. Other | \$ | |
| f. Program Income | \$ | |
| g. TOTAL | \$ | 3,288,329 |

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

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

DATE:

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

| | | |
|---|-------------------|--------------------------------------|
| Prefix | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief, Grants Management Branch | | c. Telephone Number (give area code) |
| d. Signature of Authorized Representative <i>Blaine Nickens</i> | | e. Date Signed 6/30/2010 |

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

| | | | |
|---|---|--|---------------------|
| Application for Federal Assistance SF-424 | | | |
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | * 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision | |
| | | * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> | |
| * 3. Date Received: <input type="text"/> | | 4. Applicant Identifier: <input type="text"/> | |
| 5a. Federal Entity Identifier: <input type="text"/> | | * 5b. Federal Award Identifier: 10-8100-1422-CA | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 30 2010 STATE CLEARING HOUSE </div> | | | |
| State Use Only: | | | |
| 6. Date Received by State: <input type="text"/> | | 7. State Application Identifier: <input type="text"/> | |
| 8. APPLICANT INFORMATION: | | | |
| * a. Legal Name: <u>The Regents of the University of California, on behalf of its Riverside campus</u> | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142 | | * c. Organizational DUNS: 62-779-7A26 | |
| d. Address: | | | |
| * Street 1: | <u>200 University Office Bldg</u> | | |
| Street 2: | <input type="text"/> | | |
| * City: | <u>Riverside</u> | | |
| County/Parish: | <input type="text"/> | | |
| * State: | <u>CA</u> | | |
| Province: | <input type="text"/> | | |
| * Country: | <input type="text"/> | | |
| * Zip / Postal Code: | <u>92521-0217</u> | | |
| e. Organizational Unit: | | | |
| Department Name: <u>Office of Research</u> | | Division Name: <u>Sponsored Programs Administration</u> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | |
| Prefix: | <input type="text"/> | * First Name: | <u>Myrna</u> |
| Middle Name: | <input type="text"/> | | |
| * Last Name: | <u>Lindo</u> | | |
| Suffix: | <input type="text"/> | | |
| Title: | <u>Sr. Contract & Grant Officer</u> | | |
| Organizational Affiliation: <input type="text"/> | | | |
| * Telephone Number: | <u>951-827-5535</u> | Fax Number: | <u>951-827-4483</u> |
| * Email: | <u>myrna.lindo@ucr.edu</u> | | |

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Hispanic Serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Health and Human Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

10.025

* Title:

Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number:

Title:

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

Alabama

California

Florida

* 15. Descriptive Title of Applicant's Project:

Development of Chemical Attractants and Improved Trap Designs to Facilitate Detection of Exotic Cerambycidae.

Attach supporting documents as specified in agency instructions.

Agency Instructions

Agency Instructions

Agency Instructions

Application for Federal Assistance SF-424

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="\$132,432.00"/> |
| * b. Applicant | <input type="text" value="\$69,692.00"/> |
| * 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" value="\$202,124.00"/> |

* 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 in attachment.)
 Yes No
 If "Yes", provide explanation and attach

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: