

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **March 1st through 15th**. 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

OMB Approval No. 0348-0043

2. DATE SUBMITTED <i>9/11/02</i>	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name: <i>Kelly Mutual Water Company</i>	Organizational Unit:
Address (give city, county, state, and zip code): <i>6710 Barbara Dr. Sebastopol, Ca 95472</i>	Name and telephone number of the person to be contacted on matters involving this application (give area code): <i>Bernie Hovden 707-636-8033 707-824-3824</i>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-11414995

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.	<input checked="" type="checkbox"/>
B. County	I. State Controlled Institution of Higher Learning	
C. Municipal	J. Private University	
D. Township	K. Indian Tribe	
E. Interstate	L. Individual	
F. Intermunicipal	M. Profit Organization	
G. Special District	N. Other (Specify): <i>non-profit Mutual Water Co.</i>	

9. NAME OF FEDERAL AGENCY:
USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-760

TITLE: *Water and Waste Disposal Loan and Grant*

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
*water system Improvements
(see attached summary description)*

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

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <i>11/02</i>	Ending Date <i>11/03</i>	a. Applicant <i>Calif 6th dist</i>	b. Project <i>same</i>

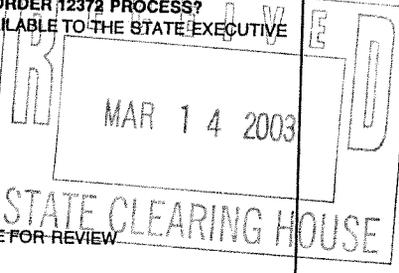
15. ESTIMATED FUNDING:

a. Federal	\$	.00
b. Applicant	\$	<i>595,000</i>
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

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

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

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



17. IS APPLICATION 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. Typed Name of Authorized Representative <i>Bernhard Hovden</i>	b. Title <i>President of Board</i>	c. Telephone number <i>636-8033 824-3824</i>
d. Signature of Authorized Representative <i>Bernhard M. Hovden</i>	e. Date Signed <i>9/11/02</i>	

Previous Editions Not Usable

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 20, 2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE March 19, 2003		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Northern California World Trade Center
 Address (give city, county, State, and zip code): 917 7th Street, 2nd floor Sacramento, California 95814

Organizational Unit:
 Name and telephone number of person to be contacted on matters involving this application (give area code): Brooks D. Ohlson (916) 447-9827 Executive Director

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 91-1811449

7. TYPE OF APPLICANT: (enter appropriate letter in box)
 N

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-769
 TITLE: Rural Business Enterprise Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Central Valley Rural Trade Global Business Expansion

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Yolo, Yuba, Sutter, Stanislaus, Amador, Butte, Nevada-etc

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date: 9-30-03 Ending Date: 9-30-04 a. Applicant: 5th b. Project: 2nd, 3rd, 4th, 9th, 11th, 18th.

15. ESTIMATED FUNDING:

a. Federal	\$	98,000 ⁰⁰
b. Applicant	\$	50,000 ⁰⁰
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	148,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE March 19, 2003

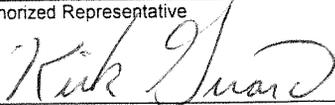
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative: Brooks D. Ohlson b. Title: Executive Director c. Telephone Number: 916 447-9827

d. Signature of Authorized Representative: *Brooks D. Ohlson* e. Date Signed: March 20, 2003

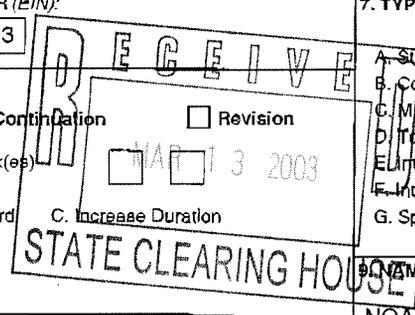
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/11/2003	APPLICANT IDENTIFIER														
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER														
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER														
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction																	
5. Applicant Information																	
Legal Name County of Humboldt		Organizational Unit Economic Development Division, Com Dev Serv Dept															
Address (give city, county, state, and zip code): 520 E Street Eureka, CA 95501 Humboldt County		Name and telephone number of the person to be contacted on matters involving this application (give area code) Jacqueline Debets, 707-445-7747															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000513		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B. County															
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, select appropriate letter(s) in box(es): <table border="0"> <tr> <td>A. Increase Award</td> <td>D. Decrease Duration</td> </tr> <tr> <td>B. Decrease Award</td> <td>E. Other (specify here):</td> </tr> <tr> <td>C. Increase Duration</td> <td></td> </tr> </table>		A. Increase Award	D. Decrease Duration	B. Decrease Award	E. Other (specify here):	C. Increase Duration		<table border="0"> <tr> <td>H. Independent School District</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>J. Private University</td> <td>K. Indian Tribe</td> </tr> <tr> <td>L. Individual</td> <td>M. Profit Organization</td> </tr> <tr> <td>N. Other (Specify):</td> <td>O. Non-Profit</td> </tr> </table>		H. Independent School District	I. State Controlled Institution of Higher Learning	J. Private University	K. Indian Tribe	L. Individual	M. Profit Organization	N. Other (Specify):	O. Non-Profit
A. Increase Award	D. Decrease Duration																
B. Decrease Award	E. Other (specify here):																
C. Increase Duration																	
H. Independent School District	I. State Controlled Institution of Higher Learning																
J. Private University	K. Indian Tribe																
L. Individual	M. Profit Organization																
N. Other (Specify):	O. Non-Profit																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.769		9. NAME OF FEDERAL AGENCY U.S. Department of Agriculture, Rural Development															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of Humboldt		11. DESCRIPTIVE TITLE OF APPLICANT PROJECT: Prosperity Entrepreneurship Academy															
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:															
Start Date 5/1/2003	Ending Date 5/1/2004	a. Applicant 1st Congressional Dist	b. Project 1st Congressional Dist														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal	\$ 99,900.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____															
b. Applicant	\$																
c. State	\$ 430,000.00	b. <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
d. Local	\$																
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	\$ 535,400.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Typed Name of Authorized Representative Kirk Girard		b. Title Community Dev Serv Director	c. Telephone number 707-268-3735														
d. Signature of Authorized Representative 		e. Date Signed 3/10/03															

RECEIVED
MAR 13 2003
STATE OF CALIFORNIA
RURAL DEVELOPMENT DIVISION

APPLICATION FOR FEDERAL ASSISTANCE

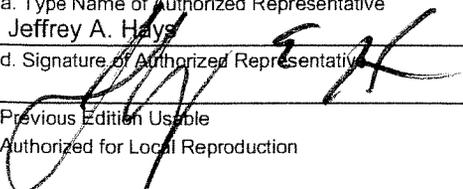
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 12, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Regents of the University of California		Organizational Unit: Earth Sciences	
Address (give city, county, State, and zip code): 1156 High Street Santa Cruz, CA 95064		Name and telephone number of person to be contacted on matters involving this application (give area code) Peter N. Adams 831-459-2551	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1539563		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I	
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) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-420 TITLE: National Estuarine Research Reserve System (GRF)		9. NAME OF FEDERAL AGENCY: NOAA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kachemak Bay, Homer, Kenai Peninsula County Alaska		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wave Energy and Nearshore Sediment Dynamics on the North Shore of Kachemak Bay, Near Homer, Alaska	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/03	Ending Date 5/31/06	a. Applicant 17	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 17,500 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/12/03	
b. Applicant	\$ 20,761 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 38,261 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. Type Name of Authorized Representative Kate Aja		b. Title Senior Research Administrator	c. Telephone Number (831) 459-3341
d. Signature of Authorized Representative		e. Date Signed 3/13/03	



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 10, 2003		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Desert Alliance for Community Empowerment			Organizational Unit:	
Address (give city, county, State, and zip code): 53-990 Enterprise Way, Suite 1 Coachella, CA 92236			Name and telephone number of person to be contacted on matters involving this application (give area code) Jeff Hays 760.391.5050 x 222	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33 - 0857187			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">N</div>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit Org</u>	
9. NAME OF FEDERAL AGENCY: USDA Rural Development				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 769 TITLE: Rural Business Enterprise Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water system improvements to provide necessary service capacity to open new businesses.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chiriaco Summit, CA Riverside County, California				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 4/3/03	Ending Date 7/3/03	a. Applicant 44th Mary Bono		b. Project 44th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	177,100 ⁰⁰		
b. Applicant	\$	00 ⁰⁰		
c. State	\$	00 ⁰⁰		
d. Local	\$	100,000 ⁰⁰		
e. Other	\$	40,000 ⁰⁰		
f. Program Income	\$	00 ⁰⁰		
g. TOTAL	\$	317,100 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input 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. Type Name of Authorized Representative Jeffrey A. Hays		b. Title Executive Director		c. Telephone Number (760) 391-5050
d. Signature of Authorized Representative 		e. Date Signed 3-10-03		

RECEIVED
 MAR 13 2003
 STATE CLEARING HOUSE

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

<p>1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication</p>	<p>2. Date Submitted 14-May-03</p>	<p>4. HUD Application Number</p>																	
	<p>3. Date and Time Received by HUD</p>	<p>5. Existing Grant Number</p>																	
		<p>6. Applicant Identification Number B-03 UC-06-0502</p>																	
<p>7. Applicant's Legal Name County of Kern</p>		<p>8. Organizational Unit Board of Supervisors</p>																	
<p>9. Address (give city, county, State, and zip code) A. Address: 2700 M Street, Suite 250 B. City: Bakersfield C. County: Kern D. State: California E. Zip Code: 93301-2370</p>		<p>10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Guy Greenlee B. Title: Director C. Phone: (661) 862-5050 D. Fax: (661) 862-5052 E. E-mail: guy@co.kern.ca.us</p>																	
<p>11. Employer Identification Number (EIN) or SSN 956000925</p>		<p>12. Type of Applicant (enter appropriate letter in box) B</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">A. State</td> <td style="width:50%;">I. University or College</td> </tr> <tr> <td>B. County</td> <td>J. Indian Tribe</td> </tr> <tr> <td>C. Municipal</td> <td>K. Tribally Designated Housing Entity (TDHE)</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Non-profit</td> </tr> <tr> <td>G. Special District</td> <td>O. Public Housing Authority</td> </tr> <tr> <td>H. Independent School District</td> <td>P. Other (Specify)</td> </tr> </table>		A. State	I. University or College	B. County	J. Indian Tribe	C. Municipal	K. Tribally Designated Housing Entity (TDHE)	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Non-profit	G. Special District	O. Public Housing Authority	H. Independent School District	P. Other (Specify)
A. State	I. University or College																		
B. County	J. Indian Tribe																		
C. Municipal	K. Tribally Designated Housing Entity (TDHE)																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Non-profit																		
G. Special District	O. Public Housing Authority																		
H. Independent School District	P. Other (Specify)																		
<p>13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)</p>		<p>14. Name of Federal Agency U.S. Department of Housing and Urban Development</p>																	
<p>15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 218 Title: Community Development Block Grant Program Component Title:</p>		<p>16. Descriptive Title of Applicant's Program The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title I of the Act.</p>																	
<p>17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Kern County and its seven (7) cooperative agreement cities.</p>																			
<p>18a. Proposed Program start date 1-Jul-03</p>	<p>18b. Proposed Program end date 30-Jun-04</p>	<p>19a. Congressional Districts of Applicant 20th & 21st Congressional District</p>	<p>19b. Congressional Districts of Program 20th & 21st</p>																
<p>20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.</p>																			
<p>21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.</p>																			
<p>22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.</p> <div style="text-align: right; border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">MAR 13 2003</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>																			

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
CDBG	\$6,491,000	\$0	\$339,234	\$0	\$0	\$91,100	\$0	\$897,000	\$7,818,334
Grand Totals	\$6,491,000	\$0	\$339,234	\$0	\$0	\$91,100	\$0	\$897,000	\$7,818,334

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Title: Chairman of the Board of Supervisors

Date (mm/dd/yyyy)

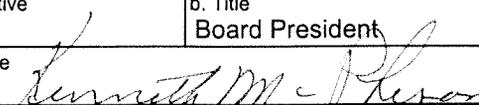
**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED March 10, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <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: CSUF Foundation		Organizational Unit: University Business Center	
Address (give city, county, State, and zip code): 4910 N. Chestnut Avenue Fresno, CA 93726-1852		Name and telephone number of person to be contacted on matters involving this application (give area code) Amy Chubb 559-278-2352	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6003272		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____ <input checked="" type="checkbox"/> I	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 769 TITLE: USDA Rural Business Enterprise Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AcceleratorOnline business plan development course for rural Kings County.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kings County, San Joaquin Valley, Central California		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR 13 2003</p> <p style="font-size: 12px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant George Radanovich 19th District	b. Project Calvin Dooley 20th District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 99,900.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/10/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 99,900.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas McClanahan		b. Title VP University Grants & Research	c. Telephone Number (559) 278-0840
d. Signature of Authorized Representative <i>Thomas McClanahan</i>		e. Date Signed 3/10/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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 March 6, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Le Grand Community Services District		Organizational Unit:	
Address (give city, county, State, and zip code): 13038 Jefferson Street, Le Grand, CA 95333-9759		Name and telephone number of person to be contacted on matters involving this application (give area code) Gerald Herman, (559) 673-5981, ext. 23	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 69 - 0933861		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: 10px;">G</div>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760 TITLE: Water & Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water distribution system improvements including hydro tank refurbishments and new or relocated generators at 3 wells and pump upgrades at 2 wells. Upgrade piping under railroad tracks.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Le Grand, Merced County, California		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 13 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant District 18 - Cardoza	b. Project District 18 - Cardoza
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 400,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/06/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 400,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Kenneth McPherson		b. Title Board President	c. Telephone Number (209) 389-4173
d. Signature of Authorized Representative 		e. Date Signed 3-6-03	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

2. DATE SUBMITTED March 11, 2003	Applicant Identifier City of Orange Cove
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
---	--

5. APPLICANT INFORMATION	
Legal Name: City of Orange Cove	Organizational Unit:
Address (give city, county, State, and zip code): 633 Sixth Street Orange Cove, CA 93646	Name and telephone number of person to be contacted on matters involving this application (give area code) Jose A. Ramirez (559)626-5103

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003065
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> B. County <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> C. Municipal <input type="checkbox"/> J. Private University <input type="checkbox"/> D. Township <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> E. Interstate <input type="checkbox"/> L. Individual <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> G. Special District <input type="checkbox"/> N. Other (Specify) _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: RBEG	10 - 769
--	----------

9. NAME OF FEDERAL AGENCY: USDA Rural Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Orange Cove

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RECEIVED MAR 12 2003 STATE CLEARING HOUSE

13. PROPOSED PROJECT Start Date: 6/1/03 Ending Date: 5/31/03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: City of Orange Cove b. Project: RBEG
---	---

15. ESTIMATED FUNDING:	
a. Federal	\$ 00
b. Applicant	\$ 00
c. State	\$ 00
d. Local	\$ 00
e. Other	\$ 00
f. Program Income	\$ 00
g. TOTAL	\$ 00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/11/03 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 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. Type Name of Authorized Representative Jose Antonio Ramirez	b. Title City Administrator	c. Telephone Number (559)626-5103
d. Signature of Authorized Representative <i>Jose A. Ramirez</i>		e. Date Signed 3/11/03

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Preapplication <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

5. APPLICANT INFORMATION

Legal Name: Dobbins-Oregon House Improvement Foundation, Inc.	Organizational Unit:
Address (give city, county, State, and zip code): P.O. Box 302 Oregon House, CA 95962	Name and telephone number of person to be contacted on matters involving this application (give area code): John Norris (530) 692-1841

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0968595	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N
---	---

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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>
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9. NAME OF FEDERAL AGENCY: USDA, Rural Development
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a Community Center
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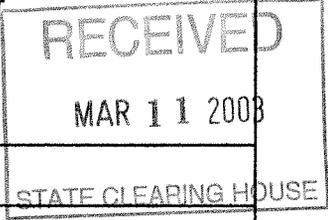
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dobbins and Oregon House, California
--

13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>Wally Herger</u> 2nd b. Project 2nd
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 50,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant \$ 135,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$ _____ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
d. Local \$ 54,876 ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ 383,775 ⁰⁰	
f. Program Income \$ _____ ⁰⁰	
g. TOTAL \$ 623,651 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. Type Name of Authorized Representative John Norris	b. Title Chairman	c. Telephone Number 530-692-1841
d. Signature of Authorized Representative <i>John I. Norris</i>		e. Date Signed 3/14/03



OMB Approval No 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Application Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3/25/03	
Preapplication <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 Monterey County		Organizational Unit Monterey County Environmental Resource Policy, Housing and Redevelopment Office	
Address (give city, county, State, and zip code) 29 Bishop Street, Suite 203 Pajaro CA 95076		Name and telephone number of person to be contacted on matters involving this application (give area code) Karen Nilsen (831) 786-1350	
6. EMPLOYER IDENTIFICATION NUMBER		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
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) <input type="checkbox"/> <input type="checkbox"/> A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other(Specify)		<input type="checkbox"/> A State <input type="checkbox"/> B County <input type="checkbox"/> C Municipal <input type="checkbox"/> D Township <input type="checkbox"/> E Interstate <input type="checkbox"/> F Intermunicipal <input type="checkbox"/> G Special District <input type="checkbox"/> H Independent School Dist <input type="checkbox"/> I State controlled Institution of Higher Learning <input type="checkbox"/> J Private University <input type="checkbox"/> K Indian Tribe <input type="checkbox"/> L Individual <input type="checkbox"/> M Profit Organization <input type="checkbox"/> N Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Rural Housing Preservation Grants <input type="text" value="10-433"/>		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc) Monterey County--rural and unincorporated areas		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Scattered-site rehabilitation of existing owner-occupied residences in the rural unincorporated areas of Monterey County for very-low-income households.	
13. PROPOSED PROJECT Owner-occupied rehabilitation		14. CONGRESSIONAL DISTRICTS OF: House of Representatives, District 17 Representative: Sam Farr 100 West Alisal Street Salinas, CA 93901	
Start Date When grant awarded	Ending Date 2 years after award	a Applicant Monterey County	b. Project Rehabilitation of owner-occupied residences in rural unincorporated Monterey County for very-low-income persons.
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal—Housing Preservation Grant	\$100,000.00	<input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b Applicant—Redevelopment Agency	\$50,000.00	DATE _____	
c. State—Home Program Income Reuse	\$50,000.00	b No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY O.12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e Other		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income		a Type Name of Authorized Representative Jim Cook	
g. Total	\$200,000.00	b Title Program Manager	
		c. Telephone Number (831) 786-1350	
		d Signature of Authorized Representative	
		e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

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

5. APPLICANT INFORMATION

Legal Name: ECONOMIC DEVELOPMENT CORPORATION SERVING	Organizational Unit:
Address (give city, county, state, and zip code): FRESNO COUNTY 906 N STREET, SUITE 120 FRESNO, CA 93721	Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID L. SPAUR, PRESIDENT/CEO 559-233-2564

6. EMPLOYER IDENTIFICATION (EIN):

9	4	-	2	8	1	6	1	8	5
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.	PRIVATE NON-PROFIT
B. County	I. State Controlled Institution of Higher Learning	
C. Municipal	J. Private University	
D. Township	K. Indian Tribe	
E. Interstate	L. Individual	
F. Intermunicipal	M. Profit Organization	
G. Special District	N. Other (Specify)	
<input checked="" type="checkbox"/> N		

9. NAME OF FEDERAL AGENCY:

U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: **RURAL BUSINESS ENTERPRISE GRANT**

1	0	-	7	6	9
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

ECONOMIC DEVELOPMENT ASSISTANCE PROGRAM

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

FRESNO COUNTY, STATE OF CALIFORNIA

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: **CALVIN DOOLEY**

Start Date 6/1/03	Ending Date 5/30/04	a. Applicant 20TH CONGRESSIONAL DISTRICT
-----------------------------	-------------------------------	--

b. Project 20TH CONGRESSIONAL DISTRICT
--

15. ESTIMATED FUNDING	
a. Federal	\$ 82,062 .00
b. Applicant	\$ 83,183 .00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. Total	\$ 165,245 .00

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

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

DATE **2/28/2003**

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 (Attach explanation) NO

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

a. Type Name of Authorized Representative DAVID L. SPAUR	b. Title PRESIDENT/CEO	c. Telephone Number 559-233-2564
d. Signature of Authorized Representative	e. Date Signed	

RECEIVED
MAR 10 2003
STATE CLEARING HOUSE

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 05 / 17 / 02	Applicant Identifier
	3. Date Received by State (mm/dd/yyyy) / /	State Application Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy) / /	Federal Identifier

5. Applicant Information

Legal Name Economic Development Corporation Serving Fresno County	Organizational Unit
Address (give city, county, State, and zip code) 906 "N" Street, Suite 120 Fresno, CA 93721	Name and telephone number of the person to be contacted on matters involving this application (give area code) Cheryl Finley, Controller (559) 233-2564

6. Employer Identification Number (EIN) (xx-yyyzzzz) 94 - 2816185	7. Type of Applicant (enter appropriate letter in box) N
B. 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): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify)

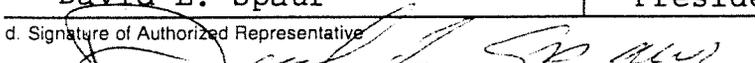
9. Name of Federal Agency U.S. Department of Agriculture
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: 10 - 769 Rural Business Enterprise Grant
11. Descriptive Title of Applicant's Project Economic Development Assistance Program

12. Areas Affected by Project (cities, counties, States, etc.)
 Fresno County, State of CA

13. Proposed Project Start Date (mm/dd/yyyy) / / Ending Date (mm/dd/yyyy) / /	14. Congressional Districts of Calvin Dooley a. Applicant 20TH Congressional District b. Project 20TH Congressional Dist.
--	--

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Federal \$ 86,000.00 b. Applicant \$ 99,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. Total \$ 185,000.00	a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 01 / 28 / 2002 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.
	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/pre-application 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.

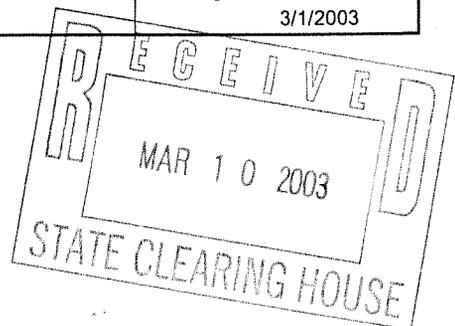
Typed Name of Authorized Representative David L. Spaur	b. Title President/CEO	c. Telephone Number (include Area Code) (559) 233-2564
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 05 / 15 / 02

Org Name: LIFELONG MEDICAL CARE

UDS Number: 092880

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/1/2003	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier H80CS00808														
5. APPLICANT INFORMATION																	
Legal Name: LIFELONG MEDICAL CARE		Organizational Unit:															
Address (give city, county, state, and zip code) PO BOX 11247 BERKELEY, CA 94712-2247 Alameda County		Name and telephone number of the person to be contacted on matters involving this application (give area code) Marty Lynch 510-704-6010 x261															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1942502308A1		7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Non-Profit</u>															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify):		9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COMMUNITY HEALTH CENTERS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Budget Period Renewal Application for Primary Care Services															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Northern Alameda County																	
13. PROPOSED PROJECT: Start Date: 07/01/2002 Ending Date: 06/30/2007		14. CONGRESSIONAL DISTRICTS OF a. Applicant: 9 b. Project: 9															
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>1,537,350.00</td> </tr> <tr> <td>b. Applicant</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>263,375.00</td> </tr> <tr> <td>d. Local</td> <td>1,838,614.00</td> </tr> <tr> <td>e. Other</td> <td>2,900,030.00</td> </tr> <tr> <td>f. Program Income</td> <td>8,006,685.00</td> </tr> <tr> <td>g. TOTAL</td> <td>14,546,054.00</td> </tr> </table>		a. Federal	1,537,350.00	b. Applicant	0.00	c. State	263,375.00	d. Local	1,838,614.00	e. Other	2,900,030.00	f. Program Income	8,006,685.00	g. TOTAL	14,546,054.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03/01/2003 b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	1,537,350.00																
b. Applicant	0.00																
c. State	263,375.00																
d. Local	1,838,614.00																
e. Other	2,900,030.00																
f. Program Income	8,006,685.00																
g. TOTAL	14,546,054.00																
		17. IS APPLICATION 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. Typed Name of Authorized Representative Marty Lynch		b. Title Executive Director	c. Telephone Number <null>														
d. Signature of Authorized Representative Electronically Signed by: Martin A. Lynch		e. Date Signed 3/1/2003															



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name: **Lost Hills Utility District**

Address (give city, county, State, and zip code):
**P.O. Box 246
 Lost Hills, CA 93249**

Organizational Unit:

Name and telephone number of person to be contacted on matters involving this application (give area code):
**Carollo Engineers - District Engineer
 Contact: Amando Garza (661) 321-3433**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0064155

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) _____

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE: **Water & Wastewater Disposal Loan & Grant Program**

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
**Lost Hills Utility District
 Arsenic Removal Treatment**

13. PROPOSED PROJECT | **14. CONGRESSIONAL DISTRICTS OF:**
Calvin Dooley - 20th District

Start Date: **6/03** | Ending Date: **12/05**

a. Applicant: **Calvin Dooley**

b. Project: **Calvin Dooley**

15. ESTIMATED FUNDING:

a. Federal	\$	900,000	.00
b. Applicant	\$		.00
c. State	\$	300,000	.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	1,200,000	.00

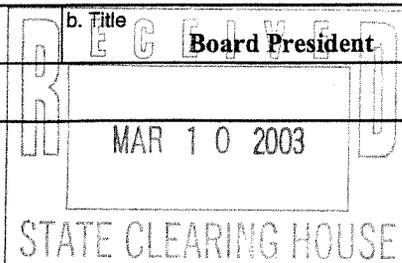
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____

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

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

a. Type Name of Authorized Representative Janice Deatherage	b. Title Board President	c. Telephone Number (661) 797-2903
d. Signature of Authorized Representative <i>[Signature]</i>	e. Date Signed 3-5-03	



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

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 3/5/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CALIFORNIA State Grange
 Address (give city, county, State, and zip code): 2101 STOCKTON BLVD SACRAMENTO, CA 95817
 Organizational Unit: 6820 LAKE EARL DRIVE (CRESCENT CITY) CA
 Lake Earl Grange #577
 Name and telephone number of person to be contacted on matters involving this application (give area code): 707-465-1000 X5621 (W)
 RONALD Plechaty 707-465-5927 (H)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-3669307

7. TYPE OF APPLICANT: (enter appropriate letter in box)
 A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) Non Profit

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY: UNITED STATES Department OF Agriculture

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Earl Grange Community Hall Remodel Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): DEL Norte COUNTY CRESCENT CITY, CALIFORNIA

13. PROPOSED PROJECT: Grange Community Hall
 14. CONGRESSIONAL DISTRICTS OF: MIKE THOMPSON

Start Date: 6/1/03 Ending Date: 7/1/03
 a. Applicant: RONALD Plechaty VP.
 b. Project: Lake Earl Grange Community Hall Remodel

15. ESTIMATED FUNDING: \$153,591

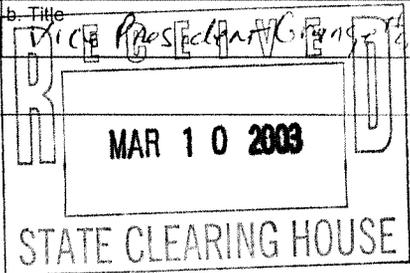
a. Federal	\$ 126,075	.00
b. Applicant	\$ 27,516	.00
c. State	\$ UNKNOWN	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 153,591	.00

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

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

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

a. Type Name of Authorized Representative: RONALD PLECHATY
 b. Title: Vice President
 c. Telephone Number: 707-465-5927
 d. Signature of Authorized Representative: *Ronald Plechaty*
 e. Date Signed: 3/5/03



Application for Federal Assistance

OMB Approval No. 0348-0043

		2. Date Submitted (mm/dd/yyyy) / /	Applicant Identifier
Type of Submission Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. Date Received by State (mm/dd/yyyy) / /	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy) / /	Federal Identifier

5. Applicant Information

Legal Name ECONOMIC DEVELOPMENT CORPORATION SERVING FRESNO COUNTY	Organizational Unit
Address (give city, county, State, and zip code) 906 N STREET, SUITE 120 FRESNO, CA. 93721	Name and telephone number of the person to be contacted on matters involving this application (give area code) ALLISON LARSEN, INTERIM PRESIDENT/CEO (559) 233-2564

6. Employer Identification Number (EIN) (xx-yyyzzzz) 94 - 2816185	7. Type of Applicant (enter appropriate letter in box) P
B. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) PRIVATE NON-PROFIT

10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: RURAL BUSINESS ENTERPRISE GRANT 10 - 769	9. Name of Federal Agency U.S. DEPARTMENT OF AGRICULTURE
12. Areas Affected by Project (cities, counties, States, etc.) FRESNO COUNTY, STATE OF CALIFORNIA	11. Descriptive Title of Applicant's Project ECONOMIC DEVELOPMENT ASSISTANCE PROGRAM

13. Proposed Project	14. Congressional Districts of CALVIN DOOLEY
Start Date (mm/dd/yyyy) / /	Ending Date (mm/dd/yyyy) / /
a. Applicant 20TH CONGRESSIONAL DISTRICT	b. Project 20TH CONGRESSIONAL DISTRICT

15. Estimated Funding		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) <u>01 / 13 / 2001</u> 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.
a. Federal	\$ 85,956.00	
b. Applicant	\$ 87,934.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. Total	\$ 173,890.00	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No

18. To the best of my knowledge and belief, all data in this application/pre-application 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.

Typed Name of Authorized Representative ALLISON LARSEN	b. Title INTERIM PRESIDENT/CEO	c. Telephone Number (include Area Code) (559) 233 - 2564
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy) / /

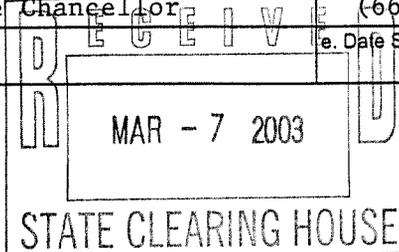
**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED March 3, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <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: Kern Community College District		Organizational Unit: Weill Institute Small Business Development Center	
Address (give city, county, State, and zip code): 2100 Chester Avenue, #9 Bakersfield, CA 93301		Name and telephone number of person to be contacted on matters involving this application (give area code): Jeffrey B. Johnson (661) 395-4126	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6006644		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. 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) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 769 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small business counseling for start-up plus early stage business in unincorporated areas of Kern County.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kern County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant List District	b. Project 20th, 21st Districts
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 42,302	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 10,498	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	\$		
d. Local	\$		
e. Other	\$ 24,960		
f. Program Income	\$		
g. TOTAL	\$ 77,760	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. Type Name of Authorized Representative Tom Burke		b. Title Vice Chancellor	c. Telephone Number (661) 336-5117
d. Signature of Authorized Representative		e. Date Signed	

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Authorized for Local Reproduction

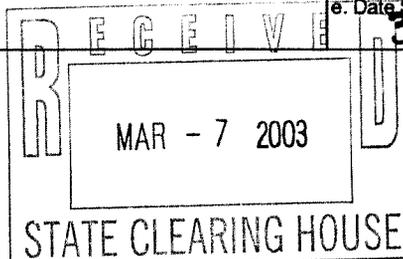
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 5, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Mattole Valley Community Center		Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 72 Petrolia, CA 95558		Name and telephone number of person to be contacted on matters involving this application (give area code) Andrea Cohen (707) 629-3651	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 2 4 4 9 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;">N</div>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">1 0 - 7 6 6</div> TITLE: Community Facilities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mattole Valley Community Center Building Expansion and Renovation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Petrolia, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 10/1/03	a. Applicant CA-01	b. Project CA-01
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/05/03</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	
b. Applicant	\$ 66,700 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 20,000 ⁰⁰		
e. Other	\$ 4,800 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 121,500 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input 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. Type Name of Authorized Representative Andrea Cohen		b. Title Board of Directors Chairperson	c. Telephone Number (707) 629-3651
d. Signature of Authorized Representative <i>Andrea Cohen</i>		e. Date Signed 3/5/03	

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Authorized for Local Reproduction



Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED March 3, 2003	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Batiquitos Lagoon Foundation	Organizational Unit: N/A
Address (give city, county, State, and zip code): Post Office Box 130491 Carlsbad, San Diego County, CA 92013-0491	Name and telephone number of person to be contacted on matters involving this application (give area code) Fred C. Sandquist (760) 918-2408

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3852095	7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Organiz..
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	

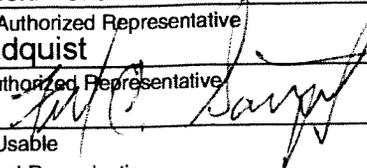
9. NAME OF FEDERAL AGENCY:
National Oceanic and Atmospheric Administration (NOAA Fisheries)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE: Habitat Conservation	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Batiquitos Lagoon Community-based Habitat Restoration Project (Gabbiano Lane Area)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Carlsbad, CA; San Diego County; Batiquitos Lagoon	

13. PROPOSED PROJECT Start Date: 8/1/2003 Ending Date: 7/31/2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Fiftieth Congressional District/CA b. Project: Fiftieth Congressional District of California
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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 March 3, 2003 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 \$ 192,007⁰⁰	
b. Applicant \$ 288,640⁰⁰	
c. State \$ 10,000⁰⁰	
d. Local \$ 10,000⁰⁰	
e. Other \$ 10,000⁰⁰	
f. Program Income \$ 10,000⁰⁰	
g. TOTAL \$ 490,647⁰⁰	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. Type Name of Authorized Representative Fred C. Sandquist	b. Title Secretary & Board Member	c. Telephone Number (760) 918-2408
d. Signature of Authorized Representative 	e. Date Signed March 3, 2003	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 3, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Self-Help Enterprises			Organizational Unit:		
Address (give city, county, State, and zip code): PO Box 6520 Visalia CA 93290			Name and telephone number of person to be contacted on matters involving this application (give area code) Karen Saucedo, 559-651-1000, Ext. 657		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 1 5 9 2 6 7 6			7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Private Nonprofit</u> <input checked="" type="checkbox"/>		
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 4 3 3 TITLE: Housing Preservation Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The preservation of housing for very low income households by providing grants to repair homes and bring them up to RHS Thermal Standards.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated communities in Kings, Merced and Tulare Counties.			<div style="border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">MAR 6 2003</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">STATE CLEARING HOUSE</div>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant 21	b. Project 18, 20, 21		
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	80,000 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>02/03/03</u>	
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	\$	320,000 ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	400,000 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. Type Name of Authorized Representative Peter N. Carey		b. Title Executive Director		c. Telephone Number (559) 651-1000	
d. Signature of Authorized Representative				e. Date Signed 2.3.2003	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

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

1. TYPE OF SUBMISSION:

Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name: Calif. Department of Parks and Recreation
 Address (give city, county, State, and zip code):
600 Ocean St. Santa Cruz, CA 95060

Organizational Unit: Operations, Santa Cruz Dist
 Name and telephone number of person to be contacted on matters involving this application (give area code):
George Gray 831-429-2867

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

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Development of Waddell Creek as an Ecological Reference Watershed in the Santa Cruz Mountains.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
66-461

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Santa Cruz County, CA

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:
14th, Sam Farr

Start Date	Ending Date	a. Applicant	b. Project
06/03	09/04	17th, Sam Farr	14th, Anna Eshoo

15. ESTIMATED FUNDING:

a. Federal	\$	150,000 ⁰⁰
b. Applicant	\$	55,000 ⁰⁰
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	205,000 ⁰⁰

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____

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

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

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

a. Type Name of Authorized Representative: George Gray
 b. Title: Sr. Resource Ecol.
 c. Telephone Number: 831-429-2867

d. Signature of Authorized Representative: [Signature]
 e. Date Signed: 2-14-03

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

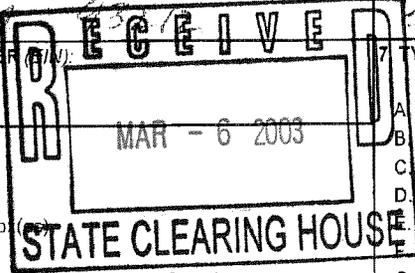
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <i>Non-Construction</i>	Preapplication	2. DATE SUBMITTED February 27, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: <i>Greg Morates</i>	Organizational Unit: <i>Self</i>
Address (give city, county, State, and zip code): <i>1913 Gable Ave Cocoran, Kings, CA 95116</i>	Name and telephone number of person to be contacted on matters involving this application (give area code): <i>559-259-7226</i>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box) <i>L</i>														
8. TYPE OF APPLICATION: If Revision, enter appropriate letter(s) in box (es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	<table border="0"> <tr><td>A. State</td><td>H. Independent School Dist.</td></tr> <tr><td>B. County</td><td>I. State Controlled Institution of Higher Learning</td></tr> <tr><td>C. Municipal</td><td>J. Private University</td></tr> <tr><td>D. Township</td><td>K. Indian Tribe</td></tr> <tr><td>E. Interstate</td><td>L. Individual</td></tr> <tr><td>F. Intermunicipal</td><td>M. Profit Organization</td></tr> <tr><td>G. Special District</td><td>N. Other (Specify) _____</td></tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify) _____														



9. NAME OF FEDERAL AGENCY: <i>General Services Admin Region IX</i>

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>83.544</i> TITLE: <i>Public Assistance Grants</i>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Emergency Aides</i>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	

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

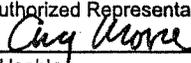
15. ESTIMATED FUNDING: <i>\$25,000.00</i>
a. Federal \$.00
b. Applicant \$.00
c. State \$.00
d. Local \$.00
e. Other \$.00
f. Program Income \$.00
g. TOTAL \$ 0

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative	e. Date Signed	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 94-2781708
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Golden Gate National Parks Conservancy		Organizational Unit:	
Address (give city, county, State, and zip code): Building 201 Fort Mason San Francisco, CA 94123		Name and telephone number of person to be contacted on matters involving this application (give area code) Joan Chaplick 415-561-3030 x 2252	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2781708		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: right; margin-top: 10px;"> <input checked="" type="checkbox"/> N 501 (c)(3) </div>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: NOAA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE: Habitata Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community-based Restoration of Habitat for Coho and Steelhead in Redwood Creek	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marin County, CA		RECEIVED MAR 5 2003 STATE CLEARING HOUSE	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 8-1-03	Ending Date 10-1-04	a. Applicant 06,08,12	b. Project 06
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 87,600.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3/3/03</u>	
b. Applicant	\$ 99,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 186,600.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Greg Moore		b. Title Executive Director	c. Telephone Number 415-561-3000
d. Signature of Authorized Representative 		e. Date Signed 3/3/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 2/28/03	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Sacramento River Partners	Organizational Unit:
Address (give city, county, state and zip code): 539 Flume Street Chico, CA 95928	Name and telephone number of the person to be contacted on matters involving this application (give area code): Daniel Efseaff (530)894-5401 x21(wk) 894-2970(fax) defseaff@riverpartners.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 3 3 0 2 3 3 5	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify) Non-Profit
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8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter(s) in box(es):
A. Increase Award B. Decrease Award C. Increase duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY: NOAA National Marine Fisheries Service	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Riparian Restoration at Drumheller Slough (Phase I), Sacramento River, California
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 1 - 4 6 3
TITLE: Habitat Conservation

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Princeton, Glenn County, CA

13. PROPOSED PROJECT: Start Date: 10/01/03 Ending Date: 09/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 2 b. Project: District 3
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 249,900	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/28/03
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 \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$	
e. Other - seeking additional funding for Phase I \$ 50,000	
f. Program Income \$	
g. TOTAL \$ 299,900	

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.

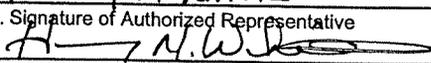
a. Typed Name of Authorized Representative: John Carlon	b. Title: President	c. Telephone Number: (530)894-5401 x24
d. Signature of Authorized Representative: by  K-P		e. Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/3/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: SONOMA ECOLOGY CENTER		Organizational Unit: SONOMA ECOLOGY CENTER	
Address (give city, county, State, and zip code): 205 FIRST STREET WEST SONOMA SONOMA COUNTY CA 95476		Name and telephone number of person to be contacted on matters involving this application (give area code) WILL PIER (707) 996-0712 SEC-PIER@VOM.COM 996-1744 (FAX)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3136500		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON-PROFIT</u>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: NOAA FISHERIES	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: HABITAT CONSERVATION 11-463		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MILL CREEK FISH PASSAGE REPAIR	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): GLENELLEN, SONOMA, SONOMA CREEK WATERSHED, SONOMA COUNTY, CA		RECEIVED MAR 5 2003 STATE CLEARING HOUSE	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: DISTRICT 6		
Start Date: 10/01/03 Ending Date: 8/30/05	a. Applicant: DISTRICT 6	b. Project: DISTRICT 6	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 45,840.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3/3/03</u>	
b. Applicant	\$ 10,500.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 10,750.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 1,950.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 69,040.00		
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. Type Name of Authorized Representative RICHARD DALE		b. Title DIRECTOR	c. Telephone Number (707) 996-0712
d. Signature of Authorized Representative		e. Date Signed 3-3-03	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Georgetown Divide Public Utility District		Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 4240 Georgetown, CA 95634		Name and telephone number of person to be contacted on matters involving this application (give area code) Henry N. White (530) 333-4356	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6003909		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 760 TITLE: Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of the Greenwood Lake Water Treatment Plant <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> RECEIVED MAR 5 2003 STATE CLERK OFFICE </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Greenwood, Cool, Georgetown, Pilot Hill, Garden Valley, Kelsey			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,000,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>MARCH 3, 2003</u>	
b. Applicant	\$ 1,000,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 5,000,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative HENRY N. WHITE		b. Title GENERAL MANAGER	c. Telephone Number 530 333 4356
d. Signature of Authorized Representative 		e. Date Signed MARCH 5, 2003	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
March 3, 2003

Applicant Identifier

State Application Identifier
MAR - 4 2003

Federal Identifier

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application Preapplication

Construction Construction

Non-Construction Non-Construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

APPLICANT INFORMATION

Legal Name: E Center

Address (Give City, County, State, and Zip code):

410 Jones Street
Ukiah, Mendocino County, CA
95482

Organizational Unit Mendocino Fisheries Program

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

Joseph D. Scriven
(707) 468-0194 ext 131

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 2 3 2 9 3 3

7. TYPE OF APPLICANT: (Enter appropriate letter in box)

N

A. State H. Independent School District

B. County I. State Control Instit. of Higher Learning

C. Municipal J. Private University

D. Township K. Indian Tribe

E. Interstate L. Individual

F. Intermunicipal M. Profit organization

G. Special District N. Other (Specify) Non-profit Corporation

8. TYPE OF APPLICATION

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify) _____

9. NAME OF FEDERAL AGENCY: NOAA Fisheries

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

1 1 - 4 6 3

TITLE: Habitat Conservation

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ukiah Valley Urban Streams Community Restoration and Education Program

12. AREA AFFECTED BY PROJECT (Cities, counties, states, etc.)

Ukiah, Mendocino County, California

13. PROPOSED PROJECT:

Start Date	End Date
6-1-03	12-31-04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	1
b. Project	1

15. ESTIMATED FUNDING

a. Federal	\$ 78,687
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$ 81,656
f. Program	\$
g. TOTAL	\$160,343

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

a. YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on:

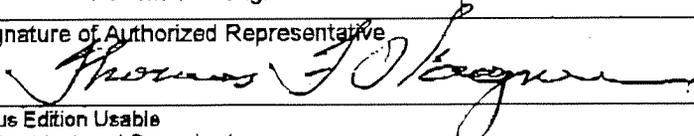
DATE: March 3, 2003

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

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

a. Type Name of Authorized Representative Thomas F. Wagner	b. Title Chief Executive Officer	c. Telephone Number (707) 468-0194
d. Signature of Authorized Representative 		e. Date Signed March 3, 2003

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3/3/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: **City of Pacifica, CA**
 Address (give city, county, State, and zip code): **170 Santa Maria Ave Pacifica, CA 94044**

Organizational Unit: **Public Works**
 Name and telephone number of person to be contacted on matters involving this application (give area code): **Scott Holmes, Director of Public Works 650-888-9890 or (650) 738-4660**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **94-6033414**

7. TYPE OF APPLICANT: (enter appropriate letter in box) **C**

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) _____

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY: **NOAA Fisheries**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **11-463**

TITLE: **Habitat Conservation**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: **San Pedro Creek Fish Passage Restoration Project**

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

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF: **Tom Lantos**

Start Date: **7/1/03** Ending Date: **10/30/04**
 a. Applicant: **District 12**
 b. Project: **District 12**

15. ESTIMATED FUNDING:

a. Federal	\$	66,350.00
b. Applicant	\$	200,000.00
c. State	\$	1,117,000.00
d. Local	\$	0.00
e. Other	\$	704,830.00
f. Program Income	\$	
g. TOTAL	\$	2,088,180.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE **3/3/03**
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative: **Scott Holmes**
 b. Title: **Director of Public Works**
 c. Telephone Number: **650-888-9890**
 d. Signature of Authorized Representative: *Scott Holmes*
 e. Date Signed: **3/3/03**

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

RECEIVED
 MAR - 4 2003
 STATE CLEARING HOUSE

TYPE OF SUBMISSION:

<input type="checkbox"/> Application	<input type="checkbox"/> Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-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: City of Red Bluff	Organizational Unit:
Address (give city, county, state, and zip code): 555 Washington Street Red Bluff, Tehama County, CA 96080	Name and telephone number of person to be contacted on matters involving this application (give area code): Susan Price (530) 527-2605

6. EMPLOYER IDENTIFICATION (EIN):

9	4	-	6	0	0	0	4	0	0
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

<input type="checkbox"/> A. State	<input type="checkbox"/> H. Independent School Dist.
<input type="checkbox"/> B. County	<input type="checkbox"/> I. State Controlled Institution of Higher Learning
<input type="checkbox"/> C. Municipal	<input type="checkbox"/> J. Private University
<input type="checkbox"/> D. Township	<input type="checkbox"/> K. Indian Tribe
<input type="checkbox"/> E. Interstate	<input type="checkbox"/> L. Individual
<input type="checkbox"/> F. Intermunicipal	<input type="checkbox"/> M. Profit Organization
<input type="checkbox"/> G. Special District	<input type="checkbox"/> N. Other (Specify)

C

9. NAME OF FEDERAL AGENCY:

U.S.D.A Rural Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	-	7	6	9
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title: **Rural Business Enterprise Grant Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Facade Improvement Program
Revolving Loan Fund**

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

City of Red Bluff

13. PROPOSED PROJECT

Start Date	Ending Date
6/1/03	5/31/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	3

15. ESTIMATED FUNDING

a. Federal	\$ 90,000	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other OGD	\$ 90,000	.00
f. Program Income	\$	.00
g. Total	\$ 180,000	.00

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

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

DATE _____

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

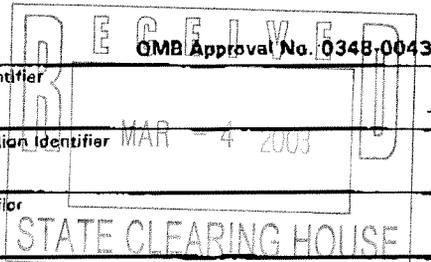
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES (Attach explanation) NO

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

a. Type Name of Authorized Representative Susan Price	b. Title City Manager	c. Telephone Number (530) 527-2605
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed March 4, 2003

APPLICATION FOR FEDERAL ASSISTANCE



OMB Approval No. 0348-0043

TYPE OF SUBMISSION:

Application Preapplication

Construction Construction

Non-Construction Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: **Tri-County Economic Development Corp.** Organizational Unit:

Address (give city, county, state, and zip code):

2540 Esplanade, Suite 7
Chico, Butte County, CA 95973

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

Marc Nemanic, Executive Director
(530) 893-8732

6. EMPLOYER IDENTIFICATION (EIN):

6 8 - 0 0 6 5 8 7 3

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) **EDD**

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 9

TITLE: **Rural Business Enterprise Grant Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

TCEDC Business Incubation Program

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

Town of Paradise
City of Gridley

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date Ending Date a. Applicant b. Project

6/1/03 5/31/04 2 2, 3

15. ESTIMATED FUNDING

a. Federal	\$	90,000	.00
b. Applicant	\$	90,000	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. Total	\$	180,000	.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES (Attach explanation) NO

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

a. Type Name of Authorized Representative b. Title c. Telephone Number

Marc Nemanic Executive Director (530) 893-8732

d. Signature of Authorized Representative e. Date Signed

[Signature] 3/3/03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 14, 2003	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Association of Bay Area Governments	Organizational Unit: San Francisco Estuary Project
Address (give city, county, State, and zip code): P.O. Box 2050 Oakland, CA 94604-2050	Name and telephone number of person to be contacted on matters involving this application (give area code)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2832478	7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]
--	--

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): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency, Region 9
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CWA 66-461 TITLE: Section 104 (b) (3)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wetlands Regional Monitoring Program for the San Francisco Estuary and state inventory and monitoring efforts
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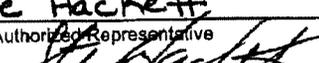
13. PROPOSED PROJECT Start Date: 7/1/03 Ending Date: 6/30/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 9 b. Project: 1, 6 -10, 12-15
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/13/03 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 \$ 250,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
b. Applicant \$ 15,000.00	
c. State \$ 40,000.00	
d. Local \$.00	
e. Other \$ 30,000.00	
f. Program Income \$.00	
g. TOTAL \$ 335,000.00	

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. Type Name of Authorized Representative Eugene Y. Leong	b. Title Executive Director	c. Telephone Number 510-464-7910
d. Signature of Authorized Representative <i>Eugene Y. Leong</i>		e. Date Signed 2/10/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

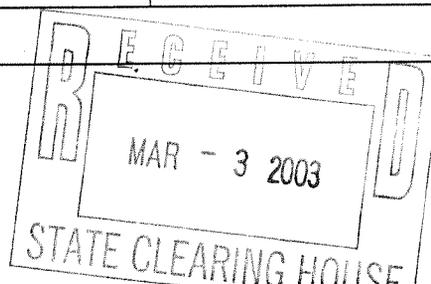
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/03/03		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Steve Hackett			Organizational Unit: Northwest Resource		
Address (give city, county, State, and zip code): P.O. Box 505 / 219 Francis St. Ferndale, CA. 95536			Name and telephone number of person to be contacted on matters involving this application (give area code) (707) 786-4044		
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0478418			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> L		
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): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____ STATE CLEARING HOUSE			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 111-463 TITLE: Habitat Conservation			9. NAME OF FEDERAL AGENCY: NOAA Fisheries		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Humboldt County, CA.			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Van Duzen River Restoration		
13. PROPOSED PROJECT 4.5 months		14. CONGRESSIONAL DISTRICTS OF: California			
Start Date 7/1/03	Ending Date 12/15/03	a. Applicant California District 1		b. Project California District 1	
15. ESTIMATED FUNDING:					
a. Federal		\$		30,060 ⁰⁰	
b. Applicant		\$		00 ⁰⁰	
c. State		\$		21,976 ⁰⁰	
d. Local		\$		17,874 ⁰⁰	
e. Other NRCS - EQIP		\$		5,850 ⁰⁰	
f. Program Income		\$		00 ⁰⁰	
g. TOTAL		\$		75,760 ⁰⁰	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/03/03					
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. Type Name of Authorized Representative Steve Hackett			b. Title CEO		c. Telephone Number (707) 786-4044
d. Signature of Authorized Representative 					e. Date Signed 03/03/03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED February 3, 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Self-Help Enterprises		Organizational Unit:	
Address (give city, county, State, and zip code): PO Box 6520 Visalia CA 93290		Name and telephone number of person to be contacted on matters involving this application (give area code) Karen Saucedo, 559-651-1000, Ext. 657	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 5 9 2 6 7 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Private Nonprofit</u>	
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) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 4 3 3 TITLE: Housing Preservation Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The preservation of housing for very low income households by providing grants to repair homes and bring them up to RHS Thermal Standards.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated communities in Kings, Merced and Tulare Counties.			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant 21	b. Project 18, 20, 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 80,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>02/03/03</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	
b. Applicant	\$ ⁰⁰		
c. State	\$ 320,000 ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 400,000 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Peter N. Carey		b. Title Executive Director	c. Telephone Number (559) 651-1000
d. Signature of Authorized Representative		e. Date Signed 2.3.2003	

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