

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2005**. 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

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 15, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: County of San Mateo		Organizational Unit: Parks & Recreation	
Address (give city, county, State, and zip code): 555 County Center, 5th Floor Redwood City, CA 94563		Name and telephone number of person to be contacted on matters involving this application (give area code) Noel Manuel 650-599-1449	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000532		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B	
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): STATE CLEARING HOUSE		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: Urban Park and Recreation Recovery Program TITLE: 15-919		9. NAME OF FEDERAL AGENCY: Department of Interior / National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coyote Point County Park, San Mateo CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Magic Mountain Playground. Reconstruction of existing playground.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: District 12 - Tom Lantos	
Start Date: 02/05	Ending Date: 05/05	a. Applicant: County of San Mateo	
15. ESTIMATED FUNDING:		b. Project: Magic Mountain Playground, Coyote Point County Park	
a. Federal	\$ 127,500.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/25/03	
c. State	\$ 598,999.00	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	
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: NOEL MANUEL	
g. TOTAL	\$ 726,499.00	b. Title: PROJECT MANAGER	
c. Signature of Authorized Representative: [Signature]		c. Telephone Number: 650-599-1449	
Previous Edition Usable Authorized for Local Reproduction		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 16, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: _____

County of San Joaquin

Organizational DUNS: 08722 6056

Address: 5000 South Airport Way

City: Stockton

County: San Joaquin

State: California Zip Code: 95206

Country: USA

Organizational Unit: Department of Aviation

Division: _____

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

Prefix: Mr. First Name: Barry

Middle Name: _____

Last Name: Rondinella

Suffix: _____

Email: brondinella@sigov.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000531

Phone Number (give area code): (209) 468-4700

Fax Number (give area code): (209) 468-4730

8. TYPE OF APPLICATION: New Continuation Revision

f Revision, enter appropriate letter(s) in box(es) See back of form for description of letters. [B] []

Other (specify) Changed scope of project.

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

B. County

Other (specify) _____

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stockton Metropolitan Airport, Stockton, San Joaquin County, California Reconstruct General Aviation Apron - Phase 2 Acquire Aircraft Rescue and Fire Fighting Vehicle & Upgrade ARFF Station Perimeter Security Upgrade Airport Layout Plan Update

13. PROPOSED PROJECT

Start Date: 2005 Ending Date: 2005

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11 b. Project 11

15. ESTIMATED FUNDING:

a. Federal	\$	0.00
b. Applicant	\$	1,921,052.00
c. State	\$	5,055.00
d. Local	\$	96,053.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	2,022,160.00

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: February 21, 2005 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 ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

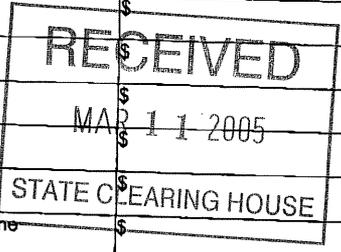
Prefix: Mr. First Name: Steve Middle Name: _____

Last Name: Suterrez Suffix: _____

Title: Chairman, Board of Supervisors

Signature: [Signature] c. Telephone Number (give area code): (209) 468-3113

Signature of Authorized Representative e. Date Signed: MAR 10 8 2005



REVISED
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. Type of Submission: Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> <input checked="" type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction <input type="checkbox"/>		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier C9 96906801
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		RECEIVED MAR 10 2005 STATE CLEARING HOUSE Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters Submitting this application (give area code): Lauma Jurkevics (916) 341-5498	
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute 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)	
8. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): <u>A</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants (319H Program)		11. Descriptive Title of Applicant's Project: Implement and coordinate activities and projects under the Clean Water Act, Section 319(H) for funding nonpoint source management projects.	
12. Area Affected by Project: (cities, counties, states, etc.) California			
13. Proposed Project: Start Date 7/1/2004 End Date 6/30/2009		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$0 b. Applicant \$0 c. State \$197,085 d. Local \$0 e. Other -- "In-Kind" \$295,628 f. Program Income \$0 g. TOTAL \$492,713		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: March 10, 2005 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach 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 BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application Preapplication ___ Construction ___ Construction <u>X</u> Nonconstruction ___ Nonconstruction		2. Date Submitted Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. DUNS Number: 808321913 8. Type of Application: <u>X</u> New ___ Revision ___ Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal Federal Identifier
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute 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)
12. Area Affected by Project: (cities, counties, states, etc.) Orange County		9. Name of Federal Agency: U. S. Environmental Protection Agency
13. Proposed Project: Start Date End Date 4/1/2004 3/31/2010		11. Descriptive Title of Applicant's Project: Cleanup of the Bolsa Chica Lowlands in Orange County. The Bolsa Chica lowlands project is a restoration of an 880-acre producing coastal oil field. The restoration or reconstruction of the coastal wetland communities will be completed in phases.
15. ESTIMATED FUNDING: a. Federal \$223,883 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$223,883		14. Congressional District of: Applicant: Project: 3 California - All
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 BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: March 8, 2005 b. NO: ___ Program is not covered by EO # 12372 ___ Program has not been selected by the state for review.
a. Typed Name of Authorized Representative Celeste Cantú		17. Is the applicant delinquent on any Federal debt? ___ YES, attach explanation <u>X</u> NO
b. Title: Executive Director		c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:

RECEIVED
 MAR 08 2005
 STATE CLEARING HOUSE

COPY

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 9, 2004	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: March Joint Powers Authority	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">MAR 08 2005</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: March Joint Powers Authority	
Organizational DUNS: 799839428		Division:	
Address: Street: P.O. Box 7480		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Moreno Valley		Prefix: Ms.	First Name: Lori
County: Riverside		Middle Name M.	
State: CA	Zip Code 92552	Last Name Stone	
Country: USA		Suffix:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
33-0579359

Phone Number (give area code) (909) 656-7000	Fax Number (give area code) (909) 653-5558
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8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

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

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Asbestos removal/disposal followed by building demolition to enable economic development of former military base.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Cities of Moreno Valley, Perris, Riverside and County of Riverside, California

13. PROPOSED PROJECT
Start Date: Ending Date:

14. CONGRESSIONAL DISTRICTS OF: Congressman Ken Calvert, 44
a. Applicant: March Joint Powers Authority b. Project: Arnold Heights

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 9, 2004 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	\$ 950,000.00	
b. Applicant	\$ 105,555.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 1,055,555.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

Prefix Mr.	First Name Philip	Middle Name A.
Last Name Rizzo	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (909) 656-7000	
d. Signature of Authorized Representative <i>Philip A. Rizzo</i>	e. Date Signed June 8, 2004	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Burbank Housing Development Corporation	Organizational Unit: Department: Development
Organizational DUNS: 103427225	Division:
Address: Street: 3432 Mendocino Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Chaney
City: Santa Rosa	Middle Name A.
County: Sonoma	Last Name Delaire
State: CA Zip Code 95403	Suffix:
Country: U.S.A.	Email: chaney@burbankhousing.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-2837785

Phone Number (give area code) 707 526-1020 ext. 255	Fax Number (give area code) 707 526-9811
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8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 Non-Profit
 Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA-RD

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-420

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Los Amigos Road Self-Help Housing
Development of 17 mutual self-help homes

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

13. PROPOSED PROJECT
Start Date: 7-01-05 Ending Date: 6-30-07

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

15. ESTIMATED FUNDING:

a. Federal	\$	340,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	340,000.00

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: 3/11/05
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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



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

a. Authorized Representative

Prefix Mr.	First Name John	Middle Name
Last Name Lowry		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 707 526-1020 ext. 213
d. Signature of Authorized Representative		e. Date Signed 3/11/05

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1890-0017
Exp. 02/28/2005

Applicant Information

1. Name and Address
Legal Name: Coachella Valley Unified School District
Address: P.O. Box 847

Organizational Unit

Thermal
City

CA
State

Riverside
County

92274 - 0847
ZIP Code + 4

2. Applicant's D-U-N-S Number | 0 | 7 | 9 | 5 | 5 | 2 | 6 | 2 | 6 |

6. Novice Applicant Yes No

3. Applicant's T-I-N | | | - | | | | | | | | | |

7. Is the applicant delinquent on any Federal debt? Yes No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84 | | | | |

8. Type of Applicant (Enter appropriate letter in the box.) F |

Title: Indian Education Formula Grant- Title VII

- A - State
- B - Local
- C - Special District
- D - Indian Tribe
- E - Individual
- F - Independent School District
- G - Public College or University
- H - Private, Non-profit College or University
- I - Non-profit Organization
- J - Private, Profit-Making Organization

5. Project Director: Anastacio De La Cruz

Address: P.O. Box 847

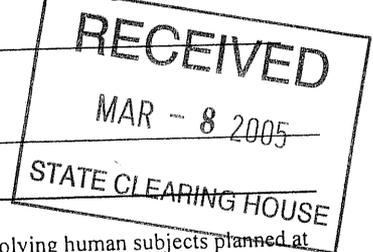
K - Other (Specify): _____

Thermal CA 92274 0847

City 760 399 4574 State 760 399 4577
Tel. #: () - - Fax #: () - -

E-Mail Address: adelacruz@coachella.k12.ca.us

9. State Application Identifier _____



Application Information

10. Type of Submission:
 -PreApplication Construction
 -PreApplication Non-Construction
 -Application Construction
 -Application Non-Construction

11. Is application subject to review by Executive Order 12372 process?
 Yes (Date made available to the Executive Order 12372 process for review): ___/___/___
 No (If "No," check appropriate box below.)
 Program is not covered by E.O. 12372.
 Program has not been selected by State for review.

13. Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 13a.) No (Go to item 14.)

13a. Are all the research activities proposed designated to be exempt from the regulations?
 Yes (Provide Exemption(s) #): _____
 No (Provide Assurance #): _____

12. Proposed Project Dates: 07 / 01 / 2002 06 / 30 / 2007
 Start Date: End Date:

14. Descriptive Title of Applicant's Project:
Indian Education Program

Estimated Funding

15a. Federal \$ 12 240 .00
 b. Applicant \$ _____ .00
 c. State \$ _____ .00
 d. Local \$ _____ .00
 e. Other \$ _____ .00
 f. Program Income \$ _____ .00
 g. TOTAL \$ 12 240 .00

Authorized Representative Information

16. To the best of my knowledge and belief, all data in this preapplication/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.

a. Authorized Representative (Please type or print name clearly.)

Foch "Tut" Pensis

b. Title: Superintendent

c. Tel. #: (760) 399 5137 221 Fax #: (760) 399 1052

d. E-Mail Address: _____

e. Signature of Authorized Representative

Date: 2/28/05

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED March 2, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE March 2, 2005	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY March 2, 2005	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Potable Water System for Unserved Areas in Rural Imperial County	Organizational Unit: Department: Imperial County Planning and Development Services
Organizational DUNS: 073-354-573	Division: Economic Development
Address: Street: 836 W. Main Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jurg Middle Name:
City: El Centro	Last Name Heuberger
County: Imperial	Suffix:
State: CA Zip Code 92243	Email: jurgheuberger@imperialcounty.net
Country: USA	Phone Number (give area code) (760) 482-4237 ext 4310 Fax Number (give area code) (760) 337-8907

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000924

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

B County
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE (Name of Program):
Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Imperial County Construction of a Water Treatment and Distribution System

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

13. PROPOSED PROJECT

Start Date: To Be Determined Ending Date: To Be Determined

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant Congressional District 51 b. Project

15. ESTIMATED FUNDING:

a. Federal	\$	2,650,000	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	2,650,000	00

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

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

DATE:

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

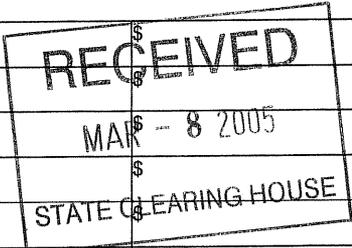
a. Authorized Representative

Prefix Mr. First Name Jurg Middle Name

Last Name Heuberger Suffix

b. Title Planning and Development Services Director c. Telephone Number (give area code) (760) 482-4237 ext 4310

d. Signature of Authorized Representative e. Date Signed March 2, 2005



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3/5/05	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: African Community Resource Center	Organizational Unit: Department: N/A
Organizational DUNS: 838-523-330	Division: N/A
Address: Street: 532 S. Vermont Avenue, Suite 104	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr.
City: Los Angeles	First Name: Nikki
County: Los Angeles	Middle Name A.
State: CA	Last Name Tesfai
Zip Code 90020	Suffix:
Country: USA	Email: ntesfai@africancommunitycenter.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 4 2 4 5 3 1 9

Phone Number (give area code) 213-637-1450	Fax Number (give area code) 213-382-6166
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O. Private Nonprofit Organization Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY: State Department

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 00-0000 TITLE (Name of Program): Trafficking Victims Protection Act	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Trafficking Victims Assistance Program
--	--

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

Los Angeles County

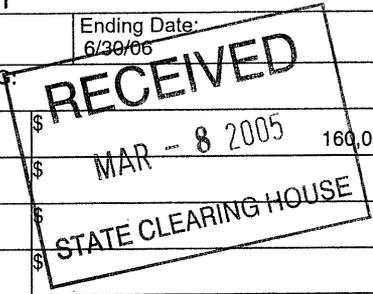
13. PROPOSED PROJECT Start Date: 7/01/05	Ending Date: 6/30/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33	b. Project 33
---	-------------------------	--	------------------

15. ESTIMATED FUNDING: a. Federal \$ 160,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 160,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/05/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative

Prefix Dr.	First Name Nikki	Middle Name
Last Name Tesfai		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 213-637-1450
d. Signature of Authorized Representative		e. Date Signed 03/05/05



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application

Preapplication

 Construction Construction Non-Construction Non-Construction
2. DATE SUBMITTED

March 2, 2005

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

San Francisco Department of Public Health

Organizational DUNS:

03-706-1202

Address:

Street:

101 Grove Street, Room 323

City:

San Francisco

County:

San Francisco

State:

CA

ZIP:

94102

Country:

USA

Organizational Unit:

Department:

Housing and Urban Health

Division:

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

Prefix:

Mr.

First Name:

Marc

Middle Name:

H.

Last Name:

Trotz

Suffix:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 1 7

Phone Number (give area code):

415-554-2565

FAX Number (give area code):

415-554-2658

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

Other (specify):

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

B

Other (Specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 -

 TITLE: (Name of Program): Mental Health Services, OA 04-002
9. NAME OF FEDERAL AGENCY:

SAMHSA, CMHS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Supportive Housing for Chronically Homeless People

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

City and County of San Francisco

13. PROPOSED PROJECT:

Start Date

Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

8th District

b. Project

8th & 12th District
15. ESTIMATED FUNDING:

a. Federal \$ 1,488,000

b. Applicant \$

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 1,488,000

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

 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE March 2, 2005
 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. Authorized Representative

Prefix

Mr

First Name

Marc

Middle Name

H.

Last Name

Trotz

Suffix

b. Title

Director, Housing and Urban Health

c. Telephone Number (give area code)

415-554-2565

d. Signature of Authorized Representative

e. Date Signed

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MAR - 8 2005
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management & Administration	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation Revision		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) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507 TITLE 49 U.S.C. § 5307		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-90-Y360 - Bus Acquisition & UFS Equipment	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07/01/02	Ending Date 12/31/08	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 30,010,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>02/24/05</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 3,888,114.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
e Other	\$.00		
f Program Income	\$.00		
g TOTAL	\$ 33,898,114.00		



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 Gladys Lowe	b Title Director Reg. Grants Management & Administration	c Telephone number (213) 922-2459
d. Signature of Authorized Representative <i>G. Lowe</i>	e. Date Signed <i>2/25/05</i>	

Grant No: 90RE0064

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

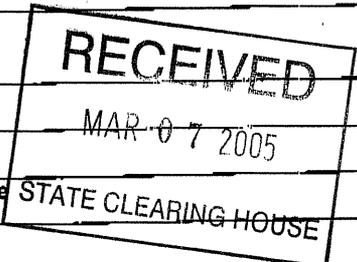
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED Mar. 7, 2005	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Opening Doors Inc.		Organizational Unit: Department: NA	
Organizational DUNS: 94-178-3922		Division: Sacramento Center for New Americans	
Address: Street: 2118 K Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Maurine
County: Sacramento		Middle Name NA	
State: CA		Last Name Huang	
Zip Code 95816	Suffix: Ph.D.		
Country: United States of America		Email: maurine@openingdoorsinc.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-1417129		Phone Number (give area code) (916) 492-2591	Fax Number (give area code) (916) 492-2628
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) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) O, private nonprofit	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-576		9. NAME OF FEDERAL AGENCY: Office of Refugee Resettlement	
TITLE (Name of Program): Standing Announcement Category 4, Ethnic Community Self-Help		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project POMOC (Bosnian for "help")	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County, West Placer County, East Yolo county		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th	
13. PROPOSED PROJECT Start Date: Sept. 30, 2005		b. Project 3rd, 4th, 5th	
Ending Date: Sept. 29, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
15. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
a. Federal	\$ 125,000 ⁰⁰	DATE:	
b. Applicant	\$ 15,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 26,667 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 166,667 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Maurine	Middle Name NA	
Last Name Huang		Suffix Ph.D.	
b. Title President/CEO		c. Telephone Number (give area code) (916) 492-2591	
d. Signature of Authorized Representative <i>Maurine Huang</i>		e. Date Signed Mar. 7, 2005	

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MAR 07 2005
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA		Department: Sponsored Projects Administration	
Organizational DUNS: 62-779-7428		Division:	
Address: Street: 200 University Office Building		Name and telephone number of person to be contacted/ on matters involving this application (give area code)	
City: Riverside, CA		Prefix: Dr.	First Name: Thomas
County: Riverside		Middle Name A.	
State: CA		Last Name Miller	
Zip Code: 92521	Suffix: Ph.D.		
Country: USA	Email: thomas.miller@ucr.edu		



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006142		Phone Number (give area code) (951) 827-2278	Fax Number (give area code) (951) 827-3681
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) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) i. State Controlled Institution of Higher Learning Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Paratransgenesis to Control Pierce's Disease	
TITLE (Name of Program): APHIS			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RIVERSIDE, CA			

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 4/1/05	Ending Date: 3/31/06	a. Applicant 44th	b. Project 44TH

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 476,991	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE: 3/7/2005	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 476,991		

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

a. Authorized Representative		b. Title	
Prefix	First Name C.	Middle Name Jeanne	
Last Name Reyes		Suffix	
c. Telephone Number (give area code) (951) 827-5535		e. Date Signed 3/7/05	
d. Signature of Authorized Representative			

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program

Check here if Revised Form

For PTFP Use

OMB Approval 0660-0003

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

APPLICATION PART I

1. APPLICANT

Legal Name Valley Public Television, Inc 2. Employer ID # (EIN) 77-0162617

Organizational Unit KVPT 3. DUNS # 61-193-0918

Mailing Address (line 1) 1544 Van Ness Avenue Main Station Call Letters KVPT TV 18

Address (line 2 if required) _____ Radio _____ MHz _____ TV _____ Channel _____

City Fresno State CA County Fresno Zip 93721-

4. Administrative Contact

E-mail pbrotherton@kvpt.org

Mr., Ms., Dr. First Name Ms. Phyllis M. I. _____ Last Name Brotherton Jr. etc _____ Position Senior VP and CFO

Phone # (559) 266-1800 ext. 42 Fax # (559) 650-1880

5. Engineering Contact

Full Name Mr. Rodger Jaye Hixon Engineer Phone (559) 266-1800

Title Chief Engineer E-mail rhixon@kvpt.org

PROJECT INFORMATION

6a. Enter "Y" if Reactivation N 6b. Old File # _____ 7. Enter "Y" if new FCC authorizations N are required 8. Enter the Priority or Category under which you request the application be reviewed _____

9. Enter letter(s) to classify project (P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column NEW BROADCAST facility; repeater, translator. REPLACE or augment BROADCAST EQUIPMENT DIGITAL conversion of public radio or TV station NONBROADCAST activation or expansion

Population Currently Served by station	RECEIVED	2,500,000	
First Service added by NEW proposed facility	MAR - 7 2005		
ADDED SERVICE to those covered by others	STATE CLEARING HOUSE		

Broadcast Other

12. Single Congressional District of Applicant 19

13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)
CA-18, 19, 20, 21

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 648,549

b. Applicant Share \$ 648,549

c. TOTAL \$ 1,297,098

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

YES This application was made available to the State EO 12372 process for review on 02/28/2005

NO Program is not covered by EO 12372 or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?

NO
Enter YES or NO If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (559) 266-1800

Mr., Ms., Dr. First Name Paula M. I. A Last Name Castadio Jr. etc _____ Position President and CEO

Signature of authorized representative *Paula A. Castadio*

Date signed February 28 2005

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

Complete digital conversion of Master Control and replacement of old analog production equipment with digital equipment.

19. Types of Applicant (Enter appropriate letter in box)

- | | |
|--|---|
| A. State | J. Private University |
| B. County | K. Indian Tribe |
| C. Municipal | L. Individual (NOTE: Not eligible for PTFP funding) |
| D. Township | M. Non-profit |
| E. Interstate | O. Other (specify) |
| F. Intermunicipal | |
| G. Special District | |
| H. Independent School District | |
| I. State Controlled Institute of Higher learning | |

M

20. Station Operations	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	26	40	26	40
Part-Time Staff	9	20	9	20
Volunteers	1	4	1	4
Operating Budget \$	3,152,000 \$		3,200,000	

21. Public Broadcasting Affiliations

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

Enter "Y" if applicant is currently CPB qualified

PBS NPR NFCB PRI Other Other

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

This year Y

Next year Y

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
-------------------------------	-----------	------------	-----------	-------	--------

23. Yes No (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

Counties: Fresno, Madera, Tulare, Merced, Kings, Mariposa & Kern
Major Cities: Fresno, Merced Visalia, Madera, Hanford, Mariposa, Bakersfield
State: California

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program

Check here if Revised Form

OMB Approval 0660-0003

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

For PTFP Use

APPLICATION PART I

1. APPLICANT

Legal Name Valley Public Television, Inc. 2. Employer ID # (EIN) 77-0162617
 Organizational Unit KVPT 3. DUNS # 61-193-0918
 Mailing Address (line 1) 1544 Van Ness Avenue Main Station Call Letters KVPT TV 18
 Address (line 2 if required) _____ Radio _____ MHz _____ TV _____ Channel
 City Fresno State CA County Fresno Zip 93721-1213

4. Administrative Contact

E-mail pbrotherton@kvpt.org

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Ms. Phyllis _____ Brotherton _____ Senior VP and CFO

Phone # (559) 266-1800 ext. 42 Fax # (559) 650-1880

5. Engineering Contact

Full Name Mr. Rodger Jaye Hixon Engineer Phone (559) 266-1800
 Title Chief Engineer E-mail rhixon@kvpt.org

PROJECT INFORMATION

6a. Enter "Y" if Reactivation N 6b. Old File # _____ 7. Enter "Y" if new FCC authorizations are required Y 8. Enter the Priority or Category under which you request the application be reviewed _____
 9. Enter letter(s) to classify project (P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion	12. Single Congressional District of Applicant
Population Currently Served by station		2,500,000			4A
First Service added by NEW proposed facility		0			19
ADDED SERVICE to those covered by others		0			13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9) CA-18,19,20,21

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 MAR - 7 2005
 STATE CLEARING HOUSE

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 50,000
 b. Applicant Share \$ 50,000
 c. TOTAL \$ 100,000
 d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

YES This application was made available to the State EO 12372 process for review on 02/28/2005
 NO Program is not covered by EO 12372 or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?

NO
 Enter YES or NO If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Paula A Castadio _____ President and CEO

Signature of authorized representative *Paula A. Castadio*

Date signed February 28, 2005

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

Improve the delivery of public broadcasting services to Bakersfield, CA by the purchase of microwave equipment to broadcast KVPT's Fresno digital signal into the geographic area

19. Types 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 District
- I. State Controlled Institute of Higher learning
- J. Private University
- K. Indian Tribe
- L. Individual (NOTE: Not eligible for PTFP funding)
- M. Non-profit
- O. Other (specify)

M

20. Station Operations	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	26	40	26	40
Part-Time Staff	9	20	9	20
Volunteers	1	4	1	4
Operating Budget	\$	3,152,000	\$	3,200,000

21. Public Broadcasting Affiliations

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

Enter "Y" if applicant is currently CPB qualified **Y**

PBS NPR NFCB PRI Other Other

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

This year **Y**
Next year **Y**

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
Bakersfield, CA	13 GHz	See Remarks	Breckenridge Mt.		X

23. Yes No (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

Cities: Bakersfield
Counties: Kern
State: California

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 22, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Plumas	Organizational Unit: Department: Planning
Organizational DUNS: 01-099-7419	Division: Airports
Address: Street: 555 Main Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: John Middle Name:
City: Quincy	Last Name: McMorro
County: Plumas	Suffix:
State: California Zip Code: 95971	Email: johnmcmorrow@countyofplumas.com
Country: USA	Phone Number (give area code): 530-283-7007 Fax Number (give area code): (530) 283-6135

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 6 0 0 0 5 2 8

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
2 0 - 1 0 6

TITLE (Name of Program):
Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Quincy, Plumas County, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Gansner Field, Quincy, Plumas County, California
Reconstruct Aircraft Parking Apron - Phase 2 (120,000 sq. ft.)

13. PROPOSED PROJECT
Start Date: 2005 Ending Date: 2005

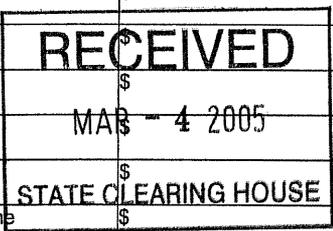
14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 02 b. Project 02

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 740,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 23, 2005
b. Applicant	\$ 1,970 ⁰⁰	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
c. State	\$ 37,000 ⁰⁰	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 778,970 ⁰⁰		

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

a. Authorized Representative

Prefix Mr.	First Name John	Middle Name
Last Name McMorro	Suffix	
b. Title Airport Coordinator	c. Telephone Number (give area code) 530-283-7007	
d. Signature of Authorized Representative <i>John McMorro</i>	e. Date Signed 3-1-05	



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	Applicant Identifier USDA-ADULT
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Firebaugh-Las Delta U.S.D.	Organizational Unit:
Address (give city, county, state, and zip code): 1976 Morris Kyle Dr. Firebaugh CA 93622 Fresno County	Name and telephone number of person to be contacted on matters involving this application (give area code) Ted McDaniel 559-659-1476 x1308

6. EMPLOYER IDENTIFICATION (EIN): 77-0559742	7. TYPE OF APPLICANT: (enter appropriate letter in box) H 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
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
USDA-RD

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Network Infrastructure for school
---	---

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

13. PROPOSED PROJECT Start Date: 4/1/2005 Ending Date: 6/30/2005	14. CONGRESSIONAL DISTRICTS OF: #20 Cal Dooley
--	---

15. ESTIMATED FUNDING		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 _____ <input type="checkbox"/> NO PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal Grant	\$ 30,000 .00	
b. Applicant Maintenance	\$ 24,500 .00	
c. State	\$ _____ .00	
d. Local	\$ _____ .00	
e. Other	\$ _____ .00	
f. Program Income	\$ _____ .00	
g. Total	\$ 54,500 .00	

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

a. Type Name of Authorized Representative Wayne R. Walters Ed.D	b. Title Superintendent	c. Telephone Number 559-659-1476
d. Signature of Authorized Representative Wayne R. Walters		e. Date Signed 2-18-05

APPLICATION FOR FEDERAL ASSISTANCE

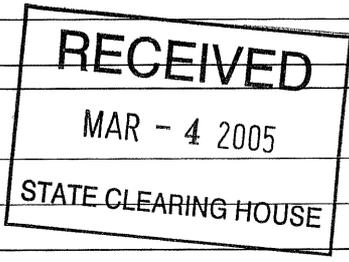
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <i>March 1, 2005</i>	Applicant Identifier <i>08-279-2631</i>														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <i>94-1741654</i>														
5. APPLICANT INFORMATION																	
Legal Name: <i>Eastern Plumas Health Care District</i>		Organizational Unit:															
Address (give city, county, State, and zip code): <i>500 First Avenue Portola California 96122</i>		Name and telephone number of person to be contacted on matters involving this application (give area code) <i>Jeri Nelson 530-832-6577</i>															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>94-1741654</i> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; margin-right: 20px;"> <input checked="" type="checkbox"/> G </div> <table style="width:100%; font-size: small;"> <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) _____																
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"/> <table style="width:100%; font-size: x-small;"> <tr> <td>A. Increase Award</td> <td>B. Decrease Award</td> <td>C. Increase Duration</td> </tr> <tr> <td>D. Decrease Duration</td> <td colspan="2">Other(specify): _____</td> </tr> </table>		A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	Other(specify): _____		9. NAME OF FEDERAL AGENCY: <i>United States Department of Agriculture Rural Development</i>									
A. Increase Award	B. Decrease Award	C. Increase Duration															
D. Decrease Duration	Other(specify): _____																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>10-766</i> </div> </div> TITLE: <i>Community Facilities Loans and Grants</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Facilities Improvement and Refinancing of the Eaton Vance Tax Anticipation Notes</i>															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Eastern Plumas County, California</i>																	
13. PROPOSED PROJECT <i>EPSV 2005</i>		14. CONGRESSIONAL DISTRICTS OF: <i>California's 4th District - The Honorable John T. Doolittle</i>															
Start Date <i>5/1/2005</i>	Ending Date <i>12/31/2005</i>	a. Applicant <i>Eastern Plumas Health Care District</i>	b. Project <i>Facilities Improvement and Refinancing</i>														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal	\$ <i>1,500,000</i> .00	a. YES. 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 checked="" 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	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
g. TOTAL	\$ <i>1,500,000</i> .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 <i>Jeri Nelson</i>		b. Title <i>Chief Financial Officer</i>	c. Telephone Number <i>530-832-6577</i>														
d. Signature of Authorized Representative <i>Jeri Nelson</i>		e. Date Signed <i>March 1, 2005</i>															

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 18, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION Legal Name: City of Chico		Organizational Unit: Department: Airport Administration	
Organizational DUNS: 08-528-7522		Division: Airports	
Address: Street: P.O. Box 3420		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix: Mr.	First Name: Robert
County: Butte		Middle Name	
State: California		Last Name Grierson	
Zip Code 95927	Suffix:		
Country: USA		Email: rgrierson@ci.chico.ca.us	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308	Phone Number (give area code) (530) 876-7651	Fax Number (give area code) (530) 895-4825
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)
	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California Reconstruction of Aircraft Parking Apron - Phase 1 (600' x 1,000') 1,500 Gallon ARFF Vehicle Asphalt Crack and Joint Sealing Equipment
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties	

13. PROPOSED PROJECT Start Date: 2005	Ending Date: 2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd	b. Project 2nd
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 4,856,400.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 23, 2005
b. Applicant \$ 255,600.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 5,112,000.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Thomas	Middle Name J.
Last Name Lando		Suffix
b. Title City Manager		c. Telephone Number (give area code) (530) 896-7201
d. Signature of Authorized Representative		e. Date Signed MAR - 0 2 2005

Previous Edition Usable
Authorized for Local Reproduction

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

AUTHORIZED PURSUANT TO BUDGET POLICY D.9 PARTICIPATION IN FEDERAL, STATE, OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN 04-05 BUDGET.

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 2, 2005	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: I'SOT Inc.

Address (give city, county, State, and zip code):
670 County Rd 83
Canby, CA 96015

Organizational Unit:
DBA Canby Family Practice Clinic

Name and telephone number of person to be contacted on matters involving this application (give area code):
Greta Elliott
530-233-4641

RECEIVED
 MAR 03 2005
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
23 - 7058078

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 - 766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Network and workstation upgrade to equipment that can support electronic health records (EMR)

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

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 MAR 02 2005
 STATE CLEARING HOUSE

13. PROPOSED PROJECT

Start Date 4/1/05	Ending Date 12/31/05	14. CONGRESSIONAL DISTRICTS OF:
		a. Applicant: I'SOT Inc.
		b. Project: Network & Workstation EMR Support

15. ESTIMATED FUNDING:

a. Federal	\$	29,881 ⁰⁰
b. Applicant	\$	13,881 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	20,350 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	64,112 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 01/20/05
 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 Greta Elliott	b. Title Administrator	c. Telephone Number (530) 233-4641
d. Signature of Authorized Representative <i>Greta Elliott</i>		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 25, 2005	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 Hollister			Organizational Unit: Department: Airport		
Organizational DUNS: 021708859			Division:		
Address: Street: 375 Fifth Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Hollister			Prefix: Mr.	First Name: Bill	Middle Name
County: San Benito			Last Name Gere		
State: CA		Zip Code 95023-3876	Suffix:		
Country: USA			Email: bill.gere@hollister.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 3 4 8			Phone Number (give area code) (831) 636-4365	Fax Number (give area code) (831) 636-4366	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program (AIP) 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hollister, CA / San Benito, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hollister Municipal Airport FY 2005 Grant Application		
13. PROPOSED PROJECT Start Date: 04/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant #17		
Ending Date: 09/30/05			b. Project #17		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	9,645,758 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	14,008 ⁰⁰	DATE: February 27, 2005		
c. State	\$	266,147 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	9,925,913 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Clint		Middle Name		
Last Name Quilter		Suffix			
b. Title City Manager		c. Telephone Number (give area code) (831) 636-4305		e. Date Signed 2/26/05	
d. Signature of Authorized Representative 					

RECEIVED
 MAR 03 2005
 STATE CLEARING HOUSE

RECEIVED
 MAR 3 2005
 STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES		Organizational Unit: DEPARTMENT OF HEALTH SERVICES;	
Organizational DUNS: 968257675		Division: Division of Drinking Water & Environmental Management	
Address: Street: 1616 Capitol Avenue (MS 7418) P.O. Box 997413		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Stephen
County: Sacramento		Middle Name: A	
State: California		Last Name: Woods	
Zip Code: 95899-7413		Suffix: --	
Country:		Email: swoods1@dhs.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 - 0 3 1 7 1 9 1		Phone number (give area code) (916) 449-5624	Fax number (give area code) (916) 449-5656
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): (See back of form for description of letters.) Other specify <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types): Other (specify): A	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 8 - 4 6 8 TITLE (Name of program): CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND		9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) CALIFORNIA - STATEWIDE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM	
13. PROPOSED PROJECT: Start Date: End Date		14. CONGRESSIONAL DISTRICTS OF a. Applicant: ALL b. Project ALL	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$85,027,600	a. Yes <input checked="" type="checkbox"/> THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER REVIEW PROCESS FOR REVIEW ON DATE: March 3, 2005	
b. Applicant	0	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	
c. State	\$17,005,520		
d. Local	0		
e. Other	2,000,000		
f. Program Income	0		
g. TOTAL	\$104,033,120.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Dr.	First Name Richard	Middle Name J.	
Last Name Jackson		Suffix M.D., M.P.H.	
b. Title Chief Deputy Director, State Public Health Officer		c. Telephone number (give area code) 916-440-7440	
d. Signature of Authorized Representative			e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application	Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

2. DATE SUBMITTED 3/1/05	Applicant Identifier
3. DATE RECEIVED BY STATE 3/1/05	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY 3/1/05	Federal Identifier

5. APPLICANT INFORMATION		
Legal Name: LifeLong Medical Care	Organizational Unit: Department:	
Organizational DUNS: 1942502308A1	Division:	
Address: Street: P.O. Box 11247	Name and telephone number of the person to be contacted on matters involving this application (give area code)	
City: Berkeley	Prefix: Mr	First Name: Marty
County: Alameda	Middle Name: Anthony	Last Name: Lynch
State: CA	ZIP: 94712	Suffix:
Country: USA	6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 5 0 2 3 0 8	
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): (See back of form for description of letters)	7. TYPE OF APPLICANT: (See back of form for Application Types): O. Not for Profit Organization Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: (Name of Program): Community Health Center	9. NAME OF FEDERAL AGENCY: HRSA, BPHC	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda County	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Non-Competing Continuation (Budget Period Renewal) Funding Under the Consolidated Health Centers Program	
13. PROPOSED PROJECT: Start Date 7/1/02	Ending Date 6/30/07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9
15. ESTIMATED FUNDING:		b. Project 9
a. Federal	\$ 2,281,384.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3-1-2005 b. <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
b. Applicant	\$ 0.00	
c. State	\$ 486,426.00	
d. Local	\$ 2,407,595.00	
e. Other	\$ 1,573,829.00	
f. Program Income	\$ 11,724,076.00	
g. TOTAL	\$ 18,473,310	
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. Authorized Representative		
Prefix Mr.	First Name Marty	Middle Name Anthony
Last Name Lynch		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (510) 981-4123
d. Signature of Authorized Representative 		e. Date Signed 3/1/05

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 22, 2005	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 South Lake Tahoe			Organizational Unit: Department: Department of Public Works	
Organizational DUNS: 09-5883476			Division:	
Address: Street: 1052 Tata Lane			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: South Lake Tahoe			Prefix: Mr.	First Name: Rick
County: El Dorado			Middle Name	
State: California			Last Name Jenkins	
Zip Code 96150			Suffix:	
Country: USA			Email: rjenkins@ci.south-lake-tahoe.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 6 1 0 8 6 8			Phone Number (give area code) (530) 542-6182	Fax Number (give area code) (530) 544-6366
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Lake Tahoe; El Dorado County; Douglas City, Nevada			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California Runway Crack Repair, Taxiway Joint Reseal Phase 1 Airport Layout Plan Update, Extended Runway Safety Area Study, and Obstruction Study	
13. PROPOSED PROJECT Start Date: 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14	
Ending Date: 2005			b. Project 14	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	529,970 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	1,395 ⁰⁰	DATE: February 24, 2005	
c. State	\$	26,498 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	557,863 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Rick		Middle Name	
Last Name Jenkins			Suffix	
b. Title Interim Airport Manager			c. Telephone Number (give area code) (530) 542-6182	
d. Signature of Authorized Representative 			e. Date Signed 02/23/05	

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

KCSM is requesting PTFP support to purchase digital field production equipment and editing equipment, which will replace existing, obsolete equipment. The project is consistent with our overall digital conversion plan.

19. Types 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 District
- I. State Controlled Institute of Higher learning
- J. Private University
- K. Indian Tribe
- L. Individual (NOTE: Not eligible for PTFP funding)
- M. Non-profit
- O. Other (specify)

G

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	28	37	28	37
Part-Time Staff	18	8	18	8
Volunteers	5	5	5	5
Operating Budget	\$ 3,993,103		\$ 3,800,000	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y		Y	Y	Y
Next year	Y	Y		Y	Y	Y

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes (No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
San Jose, CA	KTEH
City	Call Letters
San Francisco, CA	KQED
City	Call Letters
Rohnert Park, CA	KRCB

25. Areas affected by this Project (Cities, Counties, States, Etc.)

San Francisco Bay Area: San Mateo, Santa Clara, Alameda, Contra Costa, Solano, Napa, Sonoma, Santa Cruz, Marin and San Francisco counties. Also Northern California community colleges in Consortium for Open Learning.

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

For PTFP Use

APPLICATION PART I

1. APPLICANT

Legal Name KQED, Inc.
 Organizational Unit KQED Public Television
 Mailing Address (line 1) 2601 Mariposa Street
 Address (line 2 if required) _____
 City San Francisco State CA County San Francisco Zip 94110-

2. Employer ID # (EIN) 94-1241309
 3. DUNS # 00-477-0921
 Main Station Call Letters KQED FM 88.5 KQED TV 9
 Radio MHz TV Channel

4. Administrative Contact

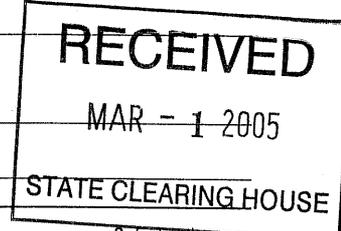
E-mail swelch@kqed.org

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Mr. Stephen B. Welch Exec Dir, TV Engineering and Operations

Phone # (415) 553-2290 Fax # (415) 553-2415

5. Engineering Contact

Full Name Mr. Watkins Lee Young Engineer Phone (415) 553-2164
 Title Manager, Engineering Facilities E-mail lyoung@kqed.org



PROJECT INFORMATION

6a. Enter "Y" if Reactivation N 6b. Old File # _____ 7. Enter "Y" if new FCC authorizations are required N

9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both B 10. Length of Project (# of months) 12

8. Enter the Priority or Category under which you request the application be reviewed

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column NEW BROADCAST facility; repeater, translator. REPLACE or augment BROADCAST EQUIPMENT DIGITAL conversion of public radio or TV station NONBROADCAST activation or expansion

Population Currently Served by station	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
			5,170,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

Broadcast Other

12. Single Congressional District of Applicant 8

13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)
CA 1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17.

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 1,170,324
 b. Applicant Share \$ 1,170,325
 c. TOTAL \$ 2,340,649
 d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

YES This application was made available to the State EO 12372 process for review on 02/28/2005
 NO Program is not covered by EO 12372 or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?
NO
 Enter YES or NO if YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded. Phone # (415) 553-2201

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Mr. Jeffrey O. Clarke President and CEO

Signature of authorized representative  Date signed 2-28-05

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

KQED Public Television in San Francisco is requesting funding assistance to replace our studio cameras and video production switcher so we can produce High Definition programming in our studios. This equipment will be used on two production stages, their control rooms, in the field, and will be made available to other local California Public Television stations.

19. Types 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 District
- I. State Controlled Institute of Higher learning
- J. Private University
- K. Indian Tribe
- L. Individual (NOTE: Not eligible for PTFP funding)
- M. Non-profit
- O. Other (specify)

M

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	230	40	230	40
Part-Time Staff	6	0	6	0
Volunteers	3324	0	3300	0
Operating Budget	\$ 42,800,000		\$ 43,500,000	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y	Y	Y	Y	Y
Next year	Y	Y	Y	Y	Y	Y

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes No (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
San Jose, CA	KTEH
City	Call Letters
San Mateo, CA	KCSM
City	Call Letters
Rohnert Park, CA	KRCB

25. Areas affected by this Project (Cities, Counties, States, Etc.)

The nine-county San Francisco Bay Area region of California and additional state, regional, and national areas through distribution of locally produced programming

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED