Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted	Applicant Identifier
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier LS 97952501

1. Type of Submission:
Application: ____ Construction; _X_ Nonconstruction
Preapplication: ____ Construction; ____ Nonconstruction

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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

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Kevin Graves
916-341-5782

6. Employer Identification Number (EIN): 68--0281986

6. DUNS Number: 808321913

7. Type of Applicant: (enter appropriate letter) A___
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Institute of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (specify)

8. Type of Application:
____ New _X_ Revision ___ Continuation
If Revision, enter appropriate letter(s): __A_ ____
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
66.805
Title: Leaking Underground Storage Tank Trust Fund Program

11. Descriptive Title of Applicant's Project:
Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.

12. Area Affected by Project:
(cities, counties, states, etc.)
State of California

13. Proposed Project:

Start Date	End Date
7/1/2008	6/30/2011

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$5,349,833
b. Applicant	$0
c. State	$738,271
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$6,088,104

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: _X_ This application/preapplication was made available to the State EO 12372 process for review on:
Date: March 2, 2009
b. NO: ___ Program is not covered by EO # 12372
___ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?
_____ YES, attach explanation _X_ 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	b. Title:	c. Telephone Number
Dorothy Rice	Executive Director	(916) 341-5615

d. Signature of Authorized Representative	e. Date Signed:
	March 9, 2009

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Woodland Redevelopment Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000459

* c. Organizational DUNS: 095878880

d. Address:

* Street1: 300 First Street
Street2:
* City: Woodland
County: Yolo
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95695

e. Organizational Unit:

Department Name: Community Development

Division Name: Redevelopment and Housing

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

Prefix: Ms.
* First Name: Cynthia
Middle Name: Jane
* Last Name: Shallit
Suffix:

Title: Redevelopment Manager

Organizational Affiliation:

* Telephone Number: 530-661-5815
Fax Number: 530-406-0832

* Email: cynthia.shallit@cityofwoodland.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

Woodland, CA

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

Planning and design of City of Woodland's Downtown Parking Garage

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: First
* b. Program/Project: First

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2009
* b. End Date: 10/01/2009

18. Estimated Funding ($):

* a. Federal	125,000.00
* b. Applicant	250,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	375,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/25/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Mark

Middle Name: G.

* Last Name: Deven

Suffix:

* Title: Executive Director

* Telephone Number: 530-661-5800 Fax Number: (530) 661 5813

* Email: mark.deven@cityofwoodland.org

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED February 27, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Yuba-Sutter Economic Development Corporation

Organizational DUNS: 120321596

Address:

Street: 1227 Bridge Street, Suite C

City: Yuba City

County: Sutter

State: California

Zip Code: 95991

Country: U.S.

Organizational Unit:

Department:

Division:

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

Prefix: Mr. | First Name: Stephen

Middle Name

Last Name: Brammer

Suffix:

Email: sbrammer@ysedc.org

Phone Number (give area code): 530-751-8555 x 101

Fax Number (give area code): 530-751-8515

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0342145

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)

O. Not for profit

Other (specify)
Economic Development District

9. NAME OF FEDERAL AGENCY:
U.S. Department of Commerce, Economic Development Administration

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

TITLE (Name of Program):
Section 209 Economic Adjustment Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Commercial Development Plan

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

Yuba and Sutter counties; cities of Marysville, Live Oak and Wheatland

13. PROPOSED PROJECT

Start Date: May 1, 2009

Ending Date: April 30, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 2

b. Project: District 2

15. ESTIMATED FUNDING:

a. Federal	$ 127,700.00
b. Applicant	$ 111,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 238,700.00

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 26, 2009

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: Stephen	Middle Name
Last Name: Brammer		Suffix
b. Title: Chief Operating Officer		c. Telephone Number (give area code): 530-751-8555 x 101
d. Signature of Authorized Representative		e. Date Signed: February 26, 2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☑ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: COUNTY OF PLACER, CSA 28, ZONE 6 - SHERIDAN	**Organizational Unit:** Department: DEPARTMENT OF FACILITY SERVICES
Organizational DUNS: 22-3582360	Division: ENVIRONMENTAL ENGINEERING
Address: Street: 11476 C AVENUE	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: KATHY
City: AUBURN	Middle Name
County: PLACER	Last Name KANE
State: CA / Zip Code 95603	Suffix:
Country: USA	Email: kkane@placer.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000527	Phone Number (give area code) (530) 886-4909 / Fax Number (give area code) (530) 889-6809
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) G-SPECIAL DISTRICT Other (specify)
	9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): WATER AND WASTE DISPOSAL SYSTEMS FOR RURAL COMMUNITIES	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** SHERIDAN WATER SUPPLY AND DISTRIBUTION PROJECT
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: UNINCORPORATED PLACER COUNTY, COMMUNITY OF SHERIDAN	
13. PROPOSED PROJECT Start Date: 8/2009 / Ending Date: 2/2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 4 / b. Project 4

15. ESTIMATED FUNDING:

a. Federal USDA RUS GRANT	$ 712,500.00
b. Applicant In Kind/General Fund Grant	$ 237,500.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 950,000.00

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: 2/27/2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix	First Name WILLIAM	Middle Name
Last Name DICKINSON		Suffix
b. Title DEPUTY DIRECTOR		c. Telephone Number (give area code) (530) 886-4980
d. Signature of Authorized Representative		e. Date Signed 2/27/2009

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APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 047120084

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* Legal Name: Regents of the University of California

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive Street2: Suite 300

* City: Davis County: * State: CA: Califor

Province: * Country: JNITED ST * ZIP / Postal Code: 95618

Person to be contacted on matters involving this application

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

* Phone Number: (530) 754-8140 Fax Number: (530) 754-8229 Email: wlbernst@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:

946036494

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other *(specify)*:

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

* Is this application being submitted to other agencies? Yes ☐ No ☑

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Catalytic Properties of Iron Oxide/Water Interfaces from Couples Atomistic and ab initio Simulations

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

Yolo County

13. PROPOSED PROJECT:

* Start Date: 10/01/2009 * Ending Date: 09/30/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-001 b. * Project: CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Position/Title: Professor * Organization Name: Regents of the University of California

Department: NEAT Organized Research Unit Division: Office of Research

* Street1: 1850 Research Park Drive Street2: Suite 300

* City: Davis County: * State: CA: Califor

Province: * Country: JNITED ST * ZIP / Postal Code: 95618

* Phone Number: (530) 754-9554 Fax Number: (530) 752 8995 * Email: gagalli@ucdavis.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	1,527,767.00
b. * Total Federal & Non-Federal Funds	1,527,767.00
c. * Estimated Program Income	0.00

17. * 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: 02/26/2009

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** I agree**

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Wendy	L.	Ernst	

* Position/Title:	Contracts & Grants Analyst	* Organization:	Regents of the University of California
Department:	Office of Research	Division:	Sponsored Programs
* Street1:	1850 Research Park Drive	Street2:	Suite 300
* City:	Davis	County:	
* State:	CA: Califor	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	95618
* Phone Number:	530-754-8140	Fax Number:	530-754-8229
* Email:	wlbernst@ucdavis.edu		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

Post-It® Fax Note 7671	Date 3/2/09	# of pages ▶
To Sheila	From David McCarty	
Co./Dept. Gov. office of Plan	Co. Pesticide Reg.	
Phone # (916) 322-2318	Phone # 916 445 1528	
Fax # 324-9936	Fax # " 445 4146	

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:
☐ Preapplication	☑ New
☑ Application	☐ Continuation
☐ Changed/Corrected Application	☐ Revision

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	N/A

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
N/A	N/A

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Department of Pesticide Regulation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325102	80321897

d. Address:

* Street1:	1001 I Street - Floor 4, MS4A
Street2:	
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
Department of Pesticide Regulation	Pesticide Enforcement Branch

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

Prefix:	Mr.	* First Name:	David
Middle Name:	C.		
* Last Name:	McCarty		
Suffix:			

Title: Staff Services Manager

Organizational Affiliation:

* Telephone Number:	916.445.1528	Fax Number:	916.445.4149

* Email: dmccarty@cdpr.ca.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A-State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-7000

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

N/A

Title:

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

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

Pesticide Regulatory Education Program (PREP)

Attach supporting documents as specified in agency instructions.

[redacted]

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: State of California
* b. Program/Project: Statewide

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

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/09
* b. End Date: 12/31/09

18. Estimated Funding ($):

* a. Federal	$520,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$520,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3/2/09.

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

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

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

☐ Yes ☑ No Explanation

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Mary-Ann

Middle Name:

* Last Name: Warmerdam

Suffix:

* Title: Director, Department of Pesticide Regulation

* Telephone Number: 916.445.4000 Fax Number: 916.324.1452

* Email: warmerdam@cdpr.ca.gov

* Signature of Authorized Representative: Mary-Ann Warmerdam * Date Signed: 02.05.09

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Imperial (Imperial County Planning & Development Services Department)

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6000924	073-354-573

d. Address:

* Street1: 801 W. Main Street
Street2:
* City: El Centro
County: Imperial, CA
* State:
Province:
* Country: USA: United States
* Zip / Postal Code: 92243

e. Organizational Unit:

Department Name:	Division Name:
Planning & Development Services	Economic Development

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

Prefix: Mr. * First Name: Jurg
Middle Name:
* Last Name: Heuberger
Suffix: AICP

Title: Planning & Development Services Director

Organizational Affiliation:

* Telephone Number: (760) 482-4236 ext. 4310 Fax Number: (760) 353-8338

* Email: jurgheuberger@co.imperial.ca.us

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

05

Title:

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

County of Imperial

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

Development of a Green Strategy for Imperial County

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-51st

* b. Program/Project CA-51st

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

Add Attachment

17. Proposed Project:

* a. Start Date: 04/01/20

* b. End Date: 10/01/20

18. Estimated Funding ($):

* a. Federal	150,000
* b. Applicant	50,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	200,000

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

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

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

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

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

☐ Yes ☑ No

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

☑ - ** I AGREE

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

Authorized Representative:

Prefix:	Mr.	* First Name:	Ralph
Middle Name:			
* Last Name:	Cordova		
Suffix:	Jr.		

* Title: County Executive Officer

* Telephone Number: (760) 482-4290 Fax Number: (760) 352-7876

* Email: ralphcordova@co.imperial.ca.us

* Signature of Authorized Representative: * Date Signed: 2/24/09

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION	**2. DATE SUBMITTED**	**Applicant Identifier**
	3. DATE RECEIVED BY STATE	**State Application Identifier**
○ Pre-application ● Application ○ Changed/Corrected Application	**4. Federal Identifier**	

5. APPLICANT INFORMATION *** Organizational DUNS:**092530369

* Legal Name: Regents of the University of California, Los Angeles

Department: Division:

* Street1: Office of Contract and Grant Administration Street2: 11000 Kinross Avenue, Suite 102

* City: Los Angeles County: Los Angeles County * State: CA: California

Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 90095

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: ocga3@research.ucla.edu

6. * EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)*:
956006143

7. * TYPE OF APPLICANT
H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ● New
○ Resubmission ○ Renewal ○ Continuation ○ Revision

Other (Specify):
Small Business Organization Type
○ Women Owned ○ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
○ A. Increase Award ○ B. Decrease Award ○ C. Increase Duration
○ D. Decrease Duration ○ E. Other *(specify)*:

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

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Templated Nanoporous Materials for Next Generation Electrochemical Capacitors

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*
Los Angeles, CA

13. PROPOSED PROJECT:

* Start Date	* Ending Date
04/01/2009	03/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
CA-030	CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Sarah		Tolbert	

Position/Title: Professor * Organization Name: Regents of the University of California, Los Angeles

Department: Chemistry & Biochemistry Division: College of Letters & Science

* Street1: Dept. of Chemistry & Biochemistry Street2: 607 Charles E. Young Drive East

* City: Los Angeles County: Los Angeles County * State: CA: California

Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 90095

* Phone Number: 310-206-4767 Fax Number: 310-825-4911 * Email: tolbert@chem.ucla.edu

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16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	$816,988.00
b. * Total Federal & Non-Federal Funds	$816,988.00
c. * Estimated Program Income	$0.00

17. * 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: 02/27/2009

b. NO ○ PROGRAM IS NOT COVERED BY E.O. 12372; OR

○ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

● * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Kristin		Lund	

* Position/Title: Grant Analyst
* Organization Name: Regents of the University of California, Los Angeles
Department: Office of Contract & Grant Adm
Division:
* Street1: UCLA Office of Contract & Grant Adm
Street2: 11000 Kinross Avenue, Suite 102
* City: Los Angeles
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90095-1406
* Phone Number: 310-794-0171
Fax Number: 310-943-1656
* Email: ocga3@research.ucla.edu

*** Signature of Authorized Representative**

*** Date Signed** March 3, 2009

20. Pre-application File Name: Mime Type:

21. Attach an additional list of Project Congressional Districts if needed.

File Name: Mime Type:

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Association for Local Economic Development

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2645503

* c. Organizational DUNS: 119083145

d. Address:

* Street1: 550 Bercut Dr., Suite G

Street2:

* City: Sacramento

County:

* State: CA

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Wayne

Middle Name: A.

* Last Name: Schell

Suffix:

Title: President / CEO

Organizational Affiliation:

* Telephone Number: 916-448-8252 ext. 11

Fax Number:

* Email: WSCHELL@CALED.ORG

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

0 Not For Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA100120083DAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

State of California, Fresno County, Kern County, Imperial County, Monterey County, and Stanislaus County

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

CA Economic Recovery Initiative

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CO 5
* b. Program/Project: CO 4-53

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 5/1/09
* b. End Date: 11/1/10

18. Estimated Funding ($):

* a. Federal	350,000
* b. Applicant	23,400
* c. State	
* d. Local	
* e. Other	99,240
* f. Program Income	
* g. TOTAL	472,640

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

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

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Wayne
Middle Name: A.
* Last Name: Schell
Suffix:

* Title: President / CEO
* Telephone Number: 916-448-8252 ext. 11
Fax Number:
* Email: wschell@caled.org
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
Date Signed: Completed by Grants.gov upon submission.

3-4-09

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 2/20/09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ **Construction**	☑ **Construction**
☐ **Non-Construction**	☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: Casmalia Community Services District

Organizational DUNS: N/A

Address:

Street: P.O Box 207

City: Casmalia

County: Santa Barbara

State: CA

Zip Code: 93429

Country: USA

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Organizational Unit:

Department: N/A

Division: N/A

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

Prefix:

First Name: Shruti

Middle Name

Last Name: Ramaker

Suffix:

Email: sramaker@aspeneg.com

Phone Number (give area code): 805-568-5453/818-597-3407 xt 354

Fax Number (give area code): 805-568-5454

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3820119

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

G. Special District

Other (specify)

8. TYPE OF APPLICATION:

☑ **New** ☐ **Continuation** ☐ **Revision**

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

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Water System Improvements including tank replacement and identifying and implementing a reliable water source for the community of Casmalia.

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

Community of Casmalia

13. PROPOSED PROJECT

Start Date: ASAP

Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 23rd Congressional District

b. Project: 23rd Congressional District

15. ESTIMATED FUNDING:

a. Federal	$ 1,849,560.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ .00

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

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

DATE: 3/3/09

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix

First Name: Robin

Middle Name

Last Name: Gorley

Suffix

b. Title: Board Member, Casmalia Community Services District

c. Telephone Number (give area code): 805-934-3013

d. Signature of Authorized Representative

e. Date Signed: 3/3/09

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted	Applicant Identifier
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier

1. Type of Submission:
Application: __ Construction; _X_ Nonconstruction
Preapplication: ____ Construction; ____ Nonconstruction

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

Organizational Unit:
Division of Financial Assistance
Name and telephone of person to be contacted on matters involving this application (give area code):
Allan Patton
(916) 341-5131

6. Employer Identification Number (EIN): 68--0281986

6. D U N S Number: 808321913

7. Type of Applicant: (enter appropriate letter) __A__
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Institute of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (specify)

8. Type of Application:
_X_ New ___ Revision ___ Continuation
If Revision, enter appropriate letter(s): ____ ____
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
66.805
Title: Leaking Underground Storage Tank Trust Fund Program

11. Descriptive Title of Applicant's Project:
Preserve and restore "brownfield" sites by using innovative waste management practices and clean-up of contaminated properties where a leaking petroleum underground storage tank has made the site no longer useable.

12. Area Affected by Project:
(cities, counties, states, etc.)
State of California

13. Proposed Project:

Start Date	End Date
4/1/2009	3/31/2011

14. Congressional District of:
Applicant: 3
Project: California - All

15. ESTIMATED FUNDING:

a. Federal	$22,000,000
b. Applicant	$0
c. State	$0
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$22,000,000

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: _X___ This application/preapplication was made available to the State EO 12372 process for review on:
Date: March 5, 2009
b. NO: ____ Program is not covered by EO # 12372
____ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?
__ YES, attach explanation __X__ 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 Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 3/12/2009

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application / Preapplication ____ Construction / ____ Construction _X_ Nonconstruction / ____ Nonconstruction	2. Date Submitted	Applicant Identifier
	3. Date Rec'd by State	State Application Identifier
	4. Date Rec'd by Federal	Federal Identifier V 96983901

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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	Organizational Unit: Los Angeles Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Dixon Oriola (213) 576-6803
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913	7. Type of Applicant: (enter appropriate letter) _ A___ 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: __ New __ Revision _X_ Continuation If Revision, enter appropriate letter(s): ____ ____ 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 66.802 Title: Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreement	11. Descriptive Title of Applicant's Project: To coordinate efforts to identify, assess, and mitigate sources of ground water contamination in the San Gabriel Valley. To also assist USEPA in keeping the ground water database updated.
12. Area Affected by Project: (cities, counties, states, etc.) Southern California counties	
13. Proposed Project: Start Date: 7/1/2006 / End Date: 6/30/2009	14. Congressional District of: Applicant: 3 / Project: California - All
15. ESTIMATED FUNDING: a. Federal $155,000 b. Applicant $0 c. State $0 d. Local $0 e. Other $0 f. Program Income $0 g. TOTAL $155,000	16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: _X__ This application/preapplication was made available to the State EO 12372 process for review on: Date: March 10, 2009 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review. 17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation __X__ 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 Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 3/16/2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 03/10/2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G0998009	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-67-R-3	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational DUNS: 808322358

Address:

Street: 1812 9TH STREET

City: SACRAMENTO

County: SACRAMENTO

State: CALIFORNIA Zip Code 95811

Country: USA

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Organizational Unit:

Department: FISH AND GAME

Division: GRANTS MANAGEMENT BRANCH

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

Prefix: MS First Name: LISA

Middle Name

Last Name BAYS

Suffix:

Email: lbays@dfg.ca.gov

Phone Number (give area code) (916) 445-3701

Fax Number (give area code) (916) 327-6320

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A. State

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611

TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

WILDLIFE HABITAT INVENTORIES & RESEARCH - UPLAND GAME

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

STATEWIDE

13. PROPOSED PROJECT

Start Date: 07/01/2009 Ending Date: 06/30/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project STATEWIDE

15. ESTIMATED FUNDING:

a. Federal	$ 1,159,590.00
b. Applicant	$
c. State	$ 386,530.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,546,120.00

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

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

DATE: 03/10/2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative

Prefix MS First Name DEBBIE Middle Name

Last Name ACKERMAN Suffix

b. Title CHIEF, GRANTS MANAGEMENT BRANCH c. Telephone Number (give area code) (916) 327-0062

d. Signature of Authorized Representative e. Date Signed

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED 24 February 2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Lake Morena's Oak Shores Mutual Water Company	Organizational Unit:
Organizational DUNS: 83-937-8338	Department: N/A
Address:	Division: N/A
Street: 1827 Lake Morena Drive PO BOX 315	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Campo	Prefix: Mr. First Name: James
County: San Diego	Middle Name: F.
State: CA Zip Code: 91906	Last Name: Owens
Country: USA	Suffix: P.E.
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2462924	Email: james.owens@nolte.com
	Phone Number (give area code): 760-341-3101 Fax Number (give area code): 760-341-5999

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MAR 10 2009
STATE CLEARING HOUSE

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) N

Other (specify) Mutual Water Company

9. NAME OF FEDERAL AGENCY: USDA Rural Development

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

TITLE (Name of Program): Water and Wastewater

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of approximately 10,000 LF of potable water pipeline; installation of valves, hydrants, other appurtenances.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Service area of Lake Morena's Oak Shores Mutual Water Company

13. PROPOSED PROJECT

Start Date:	Ending Date:
March 2009	June 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
52	52

15. ESTIMATED FUNDING:

a. Federal	$ 1,740,000.00
b. Applicant	$ - .00
c. State	$ - .00
d. Local	$ - .00
e. Other	$ - .00
f. Program Income	$ - .00
g. TOTAL	$ 1,740,000.00

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	First Name: Karen	Middle Name
Last Name: Russell		Suffix
b. Title: Board President		c. Telephone Number (give area code): 619-478-2462
d. Signature of Authorized Representative: Karen L Russell		e. Date Signed: 3/5/09

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

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

4. a. Federal Identifier: DE-FG02-02ER46006 Renewal
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier: 20091161 Morse

5. APPLICANT INFORMATION
* Organizational DUNS: 094878394
* Legal Name: The Regents of the University of California
Department: Office of Research
Division:
* Street1: University of California
Street2:
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-2050

RECEIVED
MAR 11 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix:
* First Name: Cara
Middle Name:
* Last Name: Egan-Williams
Suffix:
* Phone Number: (805) 893-8809
Fax Number: (805) 893-2611
Email: eganwilliams@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006145W

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

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Biological and Biomimetic Low-Temperature Routes to Materials for Energy Applications

12. PROPOSED PROJECT:
* Start Date: 06/01/2009
* Ending Date: 05/31/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: 23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: Daniel
Middle Name: E.
* Last Name: Morse
Suffix:
Position/Title: Professor
* Organization Name: The Regents of the University of California
Department: Molec., Cell. & Devel. Biology
Division:
* Street1: University of California
Street2:
* City: Santa Barbara
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 93106-9625
* Phone Number: (805) 893-3157
Fax Number:
* Email: d_morse@lifesci.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	350,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	350,000.00
d. Estimated Program Income	0.00

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

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

DATE: 03/09/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Cara | Middle Name:

* Last Name: Egan-Williams | Suffix:

* Position/Title: Sponsored Projects Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: University of California

Street2:

* City: Santa Barbara | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 93106-2050

* Phone Number: (805) 893-8809 | Fax Number: (805) 893-2611

* Email: proposals@research.ucsb.edu

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

Cara Egan-Williams 3/10/09

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FG02-02ER46006 Renewal

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier 20091161_Morse

5. APPLICANT INFORMATION

*** Organizational DUNS:** 094878394

* Legal Name: The Regents of the University of California

Department: Office of Research Division:

* Street1: University of California

Street2:

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050

RECEIVED
MAR 11 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Cara Middle Name:

* Last Name: Egan-Williams Suffix:

* Phone Number: (805) 893-8809 Fax Number: (805) 893-2611

Email: eganwilliams@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):* 956006145W

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☐ New ☐ Resubmission

☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Biological and Biomimetic Low-Temperature Routes to Materials for Energy Applications

12. PROPOSED PROJECT:

* Start Date: 06/01/2009 * Ending Date: 05/31/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** 23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Daniel Middle Name: E.

* Last Name: Morse Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Molec., Cell. & Devel. Biology Division:

* Street1: University of California

Street2:

* City: Santa Barbara County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-9625

* Phone Number: (805) 893-3157 Fax Number:

* Email: d_morse@lifesci.ucsb.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	350,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	350,000.00
d. Estimated Program Income	0.00

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

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

DATE: 03/09/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] *** I agree**

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Cara | Middle Name:

* Last Name: Egan-Williams | Suffix:

* Position/Title: Sponsored Projects Officer

* Organization: The Regents of the University of California

Department: Office of Research | Division:

* Street1: University of California

Street2:

* City: Santa Barbara | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 93106-2050

* Phone Number: (805) 893-8809 | Fax Number: (805) 893-2611

* Email: proposals@research.ucsb.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: March 11, 2009	Applicant Identifier: FY 2009 SP&R Special Studies
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Chief

Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

RECEIVED MAR 11 2009 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 5

TITLE: State Planning and Research Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2009/10 FHWA State Planning and Research Studies
$1,059,625 in Partnership Planning Grant Program
$5,000,000 in CA Regional Blueprint Planning Program

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

State of California

13. PROPOSED PROJECT FY 2009 OWP Program

Start Date: 7/1/09 Ending Date: 6/30/10

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Planning and Research Studies

15. ESTIMATED FUNDING:

a. Federal	$ $6,059,625 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $1,514,906 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $7,574,531 .00

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

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

DATE 03/12/09

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: C. Garth Hopkins	b. Title: Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: March 11, 2009

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: March 11, 2009	Applicant Identifier: CH. 53, Sections 5303 - 5306	
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Chief, Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

RECEIVED MAR 11 2009 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 1 3 4 7

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 1 4

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2009 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - $13,880,085
FY 2009 49 U.S.C. Chapter 53, Section 5304 State Planning & Research Program - $2,692,316

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

13. PROPOSED PROJECT FY 2009 OWP Program

Start Date: 7/1/09 Ending Date: 6/30/10

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	$ $16,572,401 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $2,147,132 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $18,719,533 .00

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

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

DATE 03/12/09

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

16. 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: C. Garth Hopkins	b. Title: Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: March 11, 2009

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

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: March 11, 2009	Applicant Identifier: FY 2009 PL Overall Work Program
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Chief, Office of Regional & Interagency Planning Transportation Planning. (916) 654-8175

RECEIVED MAR 11 2009 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-205

TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2009/10 Federal Planning Funds

$40,788,933 in FHWA PL Funds (Estimate)

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

13. PROPOSED PROJECT FY 2009 OWP Program

Start Date: 7/1/09 Ending Date: 6/30/10

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide b. Project: Statewide Metropolitan Planning

15. ESTIMATED FUNDING:

a. Federal	$ $40,788,933 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $5,284,638 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $46,073,571 .00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/12/09

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: C. Garth Hopkins	b. Title: Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: March 11, 2008

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 03/09/2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ **Construction**	☐ **Construction**
☐ **Non-Construction**	☑ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: California Association for Micro Enterprise Opportunity (CAMEO)

Organizational DUNS: 021966481

Address:

Street: 275 Fifth Street, Suite 413

City: San Francisco

County: San Francisco

State: CA

Zip Code: 94103

Country:

RECEIVED MAR 12 2009 STATE CLEARING HOUSE

Organizational Unit:

Department:

Division:

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

Prefix: Ms | First Name: Claudia

Middle Name

Last Name: Viek

Suffix:

Email: cveik@microbiz.org

Phone Number (give area code): 415 348 6214 | Fax Number (give area code): 415 541 8588

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 94-3246306

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)

O. Not For Profit

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

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

TITLE (Name of Program): RBEG

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Capacity building for Micro Enterprise Development Organizations serving 10 rural counties with a population of approximately 4 million residents with an average unemployment rate of 11.1% and an average median household income of $45,590. This project will increase the number of small businesses served and number of jobs both new and retained.

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

Butte, Fresno, Humboldt, Kern, Mendo., Mont., Placer, Siskiyou, Tulare, Ventura

13. PROPOSED PROJECT

Start Date: 6/1/2009 | Ending Date: 5/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 8 | b. Project: 1,2,17, 22, 23

15. ESTIMATED FUNDING:

a. Federal	$ 99,000.00
b. Applicant	$ 110,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ 2,500.00
g. TOTAL	$ 211,500.00

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

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

DATE: 03/09/2009

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

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a. Authorized Representative

Prefix: Ms | First Name: Claudia | Middle Name

Last Name: Viek | Suffix

b. Title: CEO | c. Telephone Number (give area code): 415 348 6214

d. Signature of Authorized Representative: Claudia Viek | e. Date Signed: 03/09/2009

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

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 047130084 0000

RECEIVED
MAR 1 2 2009
STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California (Davis)

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95618

Person to be contacted on matters involving this application

Prefix:

* First Name: Suzanne

Middle Name:

* Last Name: Iwatate

Suffix:

* Phone Number: 530-754-8017

Fax Number:

Email: stiwatate@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-6036494

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

New Physics Signatures in the TeV Era

12. PROPOSED PROJECT:

* Start Date: 08/01/2009

* Ending Date: 07/31/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof.

* First Name: Markus

Middle Name:

* Last Name: Luty

Suffix:

Position/Title:

* Organization Name: The Regents of the University of California (Davis)

Department: Physics

Division: Sponsored Programs

* Street1: One Shields Avenue

Street2: Room 431 Physics/Geology Building

* City: Davis

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 95616

* Phone Number: 530-554-1280

Fax Number:

* Email: luty@physics.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	435,191.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	435,191.00
d. Estimated Program Income	0.00

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

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

[ ] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: * First Name: Bernadine Middle Name:

* Last Name: Smith Suffix:

* Position/Title: Contracts and Grants Officer

* Organization: The Regents of the University of California (Davis)

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95616

* Phone Number: 530-754-7958 Fax Number:

* Email: bersmith@ucdavis.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE
State Application Identifier

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

4. a. Federal Identifier
b. Agency Routing Number

2. DATE SUBMITTED
Applicant Identifier

5. APPLICANT INFORMATION
*** Organizational DUNS:** 124126725

RECEIVED
MAR 13 2009
STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California
Department: Sponsored Projects Office
Division:
* Street1: 2150 Shattuck Avenue, Suite 313
Street2:
* City: Berkeley
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 94704-5940

Person to be contacted on matters involving this application
Prefix:
* First Name: Jim
Middle Name:
* Last Name: Fong
Suffix:
* Phone Number: 510-643-2734
Fax Number: 510-642-8236
Email: spoawards@berkeley.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-6002123

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

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Matrix Algebra for GPU and Multicore Architectures (MAGMA) for Large Petascale Systems

12. PROPOSED PROJECT:
* Start Date: 10/01/2009
* Ending Date: 09/30/2014

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-009

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix:
* First Name: James
Middle Name:
* Last Name: Demmel
Suffix:
Position/Title:
* Organization Name: The Regents of the University of California
Department: EECS
Division: Computer Science Division
* Street1: 387 Soda Hall
Street2:
* City: Berkeley
County / Parish: Alameda
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 94720-1776
* Phone Number: 510-643-5386
Fax Number: 642-3962
* Email: demmel@eecs.berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	1,750,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	1,750,000.00
d. Estimated Program Income	0.00

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

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

DATE: 03/16/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Patricia | Middle Name:

* Last Name: Gates | Suffix:

* Position/Title: Associate Director

* Organization: The Regents of the University of California

Department: Sponsored Projects Office | Division:

* Street1: 2150 Shattuck Avenue, Suite 313

Street2:

* City: Berkeley | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 94704-5940

* Phone Number: 510-642-8109 | Fax Number:

* Email: spo_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative	* Date Signed
Patricia Gates	03/13/2009

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED MARCH 16,2009	Applicant Identifier	
3. DATE RECEIVED BY STATE MARCH 12,2009	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational DUNS: 172070807

Address:

Street: P.O. BOX 942896

City: SACRAMENTO

County: SACRAMENTO

State: CALIFORNIA

Zip Code: 94296-0001

Country: USA

RECEIVED MAR 13 2009 STATE CLEARING HOUSE

Organizational Unit:

Department: DEPARTMENT OF PARKS AND RECREATION

Division: OFFICE OF HISTORIC PRESERVATION

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

Prefix: MR First Name: JOHN

Middle Name: RAYMOND

Last Name: THOMAS

Suffix:

Email: jthomas@parks.ca.gov

Phone Number (give area code): 916-653-9125

Fax Number (give area code): 916-653-9824

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6001347

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY: National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-904

TITLE (Name of Program): Historic Preservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Annual HPF Grant Application

Fiscal Year 2009

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

STATEWIDE

13. PROPOSED PROJECT

Start Date: 10/01/2009

Ending Date: 09/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: APPLICANT

b. Project: SEE #11 ABOVE

15. ESTIMATED FUNDING:

a. Federal	$ 1,304,638.00
b. Applicant	$ .00
c. State	$ 728,070.00
d. Local	$ 102,238.00
e. Other	$ 39,494.00
f. Program Income	$ .00
g. TOTAL	$ 2,174,440.00

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: WAYNE Middle Name: MILFORD

Last Name: DONALDSON Suffix: FAIA

b. Title: STATE HISTORIC PRESERVATION OFFICER

c. Telephone Number (give area code): 916-653-6624

d. Signature of Authorized Representative: Wayne Donaldson

e. Date Signed: 13 MAR 2009

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

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

4. a. Federal Identifier: DE-FG02-02ER15306(Supplement)
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 047120084
* Legal Name: University of California - Davis
Department: Chemistry
Division: MPS
* Street1: One Shields Avenue
Street2:
* City: Davis
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95616-5270

RECEIVED
MAR 13 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix:
* First Name: Judy
Middle Name:
* Last Name: Fisher
Suffix:
* Phone Number: 530-752-7176
Fax Number: 530-752-8995
Email: judfisher@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6036494

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

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Determination of Accurate Energetic and Spectroscopic Database for Combustion Radicals and Molecules by High-Resolution Photoion-Photoelectron Methods

12. PROPOSED PROJECT:
* Start Date: 05/01/2009
* Ending Date: 04/30/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: Cheuk-Yiu
Middle Name:
* Last Name: Ng
Suffix:
Position/Title: Distinguished Professor
* Organization Name: The Regents of the University of California
Department: Chemistry
Division: MPS
* Street1: One Shields Avenue
Street2:
* City: Davis
County / Parish: Yolo
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 95616-5270
* Phone Number: 530-754-9645
Fax Number: 530-752-8995
* Email: cyng@chem.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	158,063.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	158,063.00
d. Estimated Program Income	0.00

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

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

DATE: 03/13/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[X] * I agree

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18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Bernadine | Middle Name:

* Last Name: Smith | Suffix:

* Position/Title: Contracts and Grants Officer

* Organization: University of California - Davis

Department: Office of Research | Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 95618-6153

* Phone Number: 530-754-7958 | Fax Number: 530-754-8229

* Email: bersmith@ucdavis.edu

*** Signature of Authorized Representative**: Completed on submission to Grants.gov

*** Date Signed**: Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment