Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2010.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 1, 2010	Applicant Identifier	
3. DATE RECEIVED BY STATE March 1, 2010	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 Unit:** Department: DEPARTMENT OF PARKS AND RECREATION
Organizational DUNS: 172070807	Division: OFFICE OF HISTORIC PRESERVATION
Address: Street: P.O. BOX 942896	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: MR. First Name: JOHN
City: SACRAMENTO	Middle Name RAYMOND
County: SACRAMENTO	Last Name THOMAS
State: CA Zip Code 94296-0001	Suffix:
Country: USA	Email: jthomas@ parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6001347	Phone Number (give area code) (916) 653-9125 Fax Number (give area code) (916) 653-9824

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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)

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 for Fiscal Year 10 (60/40) Grant form Historic Preservation Fund for Activities related to the requirements of the National Preservation Act.

Fiscal Year 2010

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

13. PROPOSED PROJECT

Start Date: 10/01/2010 Ending Date: 09/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant APPLICANT b. Project See #11 ABOVE

15. ESTIMATED FUNDING:

a. Federal	$ 1,476,028.00
b. Applicant	$ .00
c. State	$ 826,617.00
d. Local	$ 118,088.00
e. Other	$ 39,363.00
f. Program Income	$ .00
g. TOTAL	$ 2,460,096.00

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 MILFORD	Middle Name WAYNE
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		e. Date Signed 1 MAR 2010

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:

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STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Rancho Murieta Community Service District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0000805

* c. Organizational DUNS: 105918460

d. Address:

* Street1: 15160 Jackson Road
Street2:
* City: Rancho Murieta
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95683

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: Edward

Middle Name: R.

* Last Name: Crouse

Suffix:

Title: General Manager

Organizational Affiliation:

* Telephone Number: 916-354-3700

Fax Number: 916-354-2082

* Email: ecrouse@ranchomurietacsd.com

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:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXIV

*** 12. Funding Opportunity Number:**

F10AS20011

* Title:

Reclamation's CALFED Water Use Efficiency Grant Program

13. Competition Identification Number:

Title:

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

Sacramento County, State of California

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

Rancho Murieta Water Efficiency Demonstration Garden

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: 3rd
* b. Program/Project: 3rd

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 01/01/2012

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	189,498.65
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	289,498.65

*** 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 03/01/2010.

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

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

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

[ ] Yes [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: Edward
Middle Name: R.
* Last Name: Crouse
Suffix:

* Title: General Manager
* Telephone Number: 916-354-3700 Fax Number: 916-354-2082
* Email: ecrouse@ranchomurietacad.com
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

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3/1/10

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: February 25, 2010

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application	Preapplication
☒ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Port of Oakland

Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners

Address (give city, county, state, and zip code): 530 Water Street, Oakland, CA 94607

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Name and telephone number of the person to be contracted on matters involving this application (give area code): Christina Lee (510) 627-1510

EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Interdependent School District
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: Federal Aviation Administration

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

TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Installation of Ground Power at Cargo and East Apron Remain Overnight Parking, South Field, OIA

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area

13. PROPOSED PROJECT

Start Date	Ending Date
06/2010	06/2011

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: 7

b. Project: 4

15. ESTIMATED FUNDING

a. Federal	$ 4,383,052	.00
b. Applicant	$ 1,055,653	.00
c. State	$	.
d. Local	$	.
e. Other	$	.
f. Program income	$	.
g. TOTAL	$ 5,438,705	.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 25, 2010

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 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: Deborah Ale Flint

b. Title: Acting Director of Aviation

c. Telephone number: (510) 563-6421

d. Signature of Authorized Representative

e. Date Signed: February 25, 2010

APPLICATION FOR FEDERAL ASSISTANCE

2/24/2010

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

5. APPLICANT INFORMATION

Legal Name: Southern Inyo Health Care District	Organizational Unit:
	Department:
Organizational DUNS: 072944713	Division:
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 501 East Locust Street P.O. Box 1009	Prefix: Mrs. / First Name: Lee
City: Lone Pine	Middle Name Ona
County: Inyo	Last Name Barron
State: CA / Zip Code 93545	Suffix:
Country: USA	Email: leebee40@aol.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6005450	Phone Number (give area code) (760) 876-5501 / Fax Number (give area code) (760) 876-2268

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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) G. Special District Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA RD
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Rural Health Clinic expansion and technology project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Southern Inyo County	
13. PROPOSED PROJECT Start Date: 4/1/2010 / Ending Date: 10/1/2010	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant CA-025 / b. Project CA-025

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 2,588,000.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 2,588,000.00	☐ 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 Mrs.	First Name Lee	Middle Name Ona
Last Name Barron		Suffix
b. Title CEO/CFO		c. Telephone Number (give area code) (760) 876-5501
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

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1. TYPE OF SUBMISSION:

Application: [ ] Construction [✓] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Central Coast RC&D Council, Inc.

Organizational Unit:

Address (give city, county, state, and zip code):
65 South Main Street, Suite 105
Templeton, CA 93465

Name and telephone number of person to be contacted on matters involving this application (give area code)
Jeff Rodriguez, 805-772-5623

6. EMPLOYER IDENTIFICATION (EIN): 47-0882249

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Non-Profit 501c3

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:
Natural Resources Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Implementation of the RC&D Area Plan and Annual Plan of Work

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

13. PROPOSED PROJECT

Start Date	Ending Date
3/1/10	3/31/11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
14,15,16,17,22,23,24	14,15,16,17,22,23,24

15. ESTIMATED FUNDING

a. Federal	$ 7,500.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. Total	$ 7,500.00

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 3/3/10

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

[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES (Attach explanation) [✓] NO

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Chuck Pritchard	President	(805) 772-5623

d. Signature of Authorized Representative: Chuck Pritchard

e. Date Signed: 3/2/10

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

2. DATE SUBMITTED: March 2, 2010

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California GreenWorks, Inc.

Organizational Unit: California GreenWorks, Inc.

Address (give city, county, State, and zip code): 3347 W. 43rd Street, Los Angeles, CA 90008

Name and telephone number of person to be contacted on matters involving this application (give area code): Mike Meador (323) 298-5077

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 0 1 0 5 7 4 4 8 6

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency (EPA)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 0 3 5

TITLE: Community Action For A Renewed Environment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

TREES, Trees for Restoring the Environment and Promoting Energy Efficiency and Sustainable Community Health Improvements.

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

South/Central Los Angeles, Los Angeles County, California

13. PROPOSED PROJECT

Start Date: 10/1/10 Ending Date: 9/30/12

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California GreenWorks, Inc.

b. Project: 33 and 35 congressional districts

15. ESTIMATED FUNDING:

a. Federal	$ 150,000
b. Applicant	$ 20,000
c. State	$ 75,000
d. Local	$ 5,000
e. Other	$ 0
f. Program Income	$ 0
g. TOTAL	$ 250,000

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 03/03/10

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: Mike Meador

b. Title: Executive Director

c. Telephone Number: (323) 298-5077

d. Signature of Authorized Representative

e. Date Signed: 3/2/10

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

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 2/18/10	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Yosemite/Sequoia RC&D Council

Organizational Unit:

Address (give city, county, state, and zip code):
P.O. Box 415
North Fork, CA 93643

Name and telephone number of person to be contacted on matters involving this application (give area code)
Robyn Smith (559) 877-8660

6. EMPLOYER IDENTIFICATION (EIN): 9 1 - 2 1 5 5 8 6 6

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

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

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):

RECEIVED
MAR 02 2010
STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:
Natural Resources Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 9 0 1

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Implementation of Area Plan

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Mariposa, Madera, Fresno & Tulare

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
3/1/10	3/31/11	19 & 21	19 & 21

15. ESTIMATED FUNDING	
a. Federal	$ 7,500.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. Total	$ 7,500.00

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 3/2/10

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (Attach explanation) ☑ NO

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Tom Wheeler	President	(559) 877-8660
d. Signature of Authorized Representative		e. Date Signed
		2/18/10

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 03/02/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098006	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-78-D-4	

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: CA Zip Code 95811

Country: USA

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

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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 DEVELOPMENT & MAINTENANCE - REGION 4

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Merced, Fresno & Stanislaus Counties

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 18,21

15. ESTIMATED FUNDING:

a. Federal	$ 1,868,230.00
b. Applicant	$
c. State	$ 622,743.00
d. Local	$
e. Other	$
f. Program Income	$ 320,892.00
g. TOTAL	$ 2,811,865.00

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

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

DATE: 03/01/2010

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 Blaine Middle Name

Last Name Nickens Suffix

b. Title Acting Chief, Grants Management Branch

c. Telephone Number (give area code) (916) 445-9300

d. Signature of Authorized Representative

e. Date Signed 3/2/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: NORTH YUBA WATER DISTRICT	Organizational Unit:
	Department:
Organizational DUNS: 182172411	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: P.O. BOX 299	Prefix: First Name: WILLIAM
City: BROWNSVILLE	Middle Name R.
County: YUBA	Last Name SUPPA
State: CA Zip Code 95919	Suffix:
Country: USA	Email: YCWDWATERMAN@SBCGLOBAL.NET
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1605954	Phone Number (give area code) 530 675-2567 Fax Number (give area code) 530 675-0462

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 Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): WATER & WASTEWATER LOAN & GRANT PROGRAM	9. NAME OF FEDERAL AGENCY: RURAL DEVELOPMENT 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FORBESTOWN WATER STORAGE TANK CONSTRUCTION PROJECT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YUBA & BUTTE COUNTIES	
13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant HERGER 2ND DIST. b. Project SAME

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

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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 R.
Last Name SUPPA	Suffix
b. Title GENERAL MANAGER	c. Telephone Number (give area code) 530 675-2567
d. Signature of Authorized Representative William Suppa	e. Date Signed 3/3/10

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

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 198910009

1. Type of Submission:

Application	Preapplication
___ Construction	____ Construction
__x__ Nonconstruction	___ 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 Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Elizabeth Haven
(916) 341-5457

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 _X_ Revision ___ Continuation
If Revision, enter appropriate letter(s): _A__ __C_
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
66.419
Title: Water Pollution Control State and Interstate Program Support

11. Descriptive Title of Applicant's Project:
To protect and improve California's surface waters in the implementation of water quality laws in the California Porter-Cologne Water Quality Control Act and the federal Clean Water Act (CWA).

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

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13. Proposed Project:

Start Date	End Date
7/1/2008	6/30/2012

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$11,585,421
b. Applicant	$0
c. State	$0
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$11,585,421

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 4, 2010
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:
	3/12/2010

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

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:

4. Application Identifier:

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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: GET JOBS, INC.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-1522392

*c. Organizational DUNS: 961790321

d. Address:

*Street1: 4436 Lebec Road
Street 2:
*City: Lebec
County: Kern
*State: California
Province:
Country: USA
*Zip/ Postal Code: 93243

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
First Name: Barry
Middle Name:
*Last Name: Hibbard
Suffix:

Title: President of the Board

Organizational Affiliation:

*Telephone Number: 661-663-4231
Fax Number: 661-326-0191

*Email: barryhibbard@gmail.com

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

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.035

CFDA Title:

Community Action for a Renewed Environment (CARE)

*12. Funding Opportunity Number: EPA-OAR-IO-10-04

*Title:

13. Competition Identification Number: EPA-OAR-IO-10-04

Title:

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

Kern County, California

*15. Descriptive Title of Applicant's Project:

Get JOBS will demonstrate that specifically designed, public/private, job related transportation programs can help to significantly reduce mobile source impacts by encouraging a greater portion of Kern County's population to use public transportation designed for employment centers.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-020 & CA-022

*a. Applicant *b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 7/1/2010 *b. End Date: INDEFINITE

18. Estimated Funding ($):

*a. Federal $ 292,968.00
*b. Applicant $ 371,050.00
*c. State
*d. Local
*e. Other $ 510,000.00
*f. Program Income
*g. TOTAL $ 1,174,018.00

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Barry

Middle Name:

*Last Name: Hibbard

Suffix:

*Title: President of the Board

*Telephone Number: 661-663-4231 Fax Number: 661-326-0191

*Email: barryhibbard@gmail.com

*Signature of Authorized Representative: Date Signed: March 8, 2010

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

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STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application: [ ] Construction [✓] Non-Construction

Preapplication: [ ] Construction [ ] Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Southern Low Desert RC&D Council

Organizational Unit:

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

82901 Bliss Avenue
Indio, CA 92201
Riverside County

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

Anisa J. Divine 760-342-4624 x124

6. EMPLOYER IDENTIFICATION (EIN):

0 1 - 0 5 4 8 5 5 0

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

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

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:

Natural Resource Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 9 0 1

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Implementation of the Southern Low Desert RC&D Council's Area Plan

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

Imperial, Riverside & San Diego Counties

13. PROPOSED PROJECT

Start Date	Ending Date
3/8/10	3/31/11

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: Bono [45],Filner [51]

b. Project: Bono [45], Filner [51]

15. ESTIMATED FUNDING

a. Federal	$ 7,500.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. Total	$ 7,500.00

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 3/8/2010

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

[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES (Attach explanation) [✓] NO

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

a. Type Name of Authorized Representative: Debi Livesay

b. Title: RC&D Council 1st Vice-Pres.

c. Telephone Number: (760) 342-4624

d. Signature of Authorized Representative: Livesay

e. Date Signed: 3/5/10

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 1/15/10	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: Coffee Creek Volunteer Fire District

Organizational DUNS: 034267372

Address:
Street: Mail: Rt 2, Box 3951, Trinity Center, CA 96091
Location: 10 Cedar Rd
City: Coffee Creek
County: Trinity
State: CA
Zip Code: 96091
Country: USA

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Organizational Unit:
Department: Coffee Creek Volunteer Fire Department
Division: Fire Department

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Chief
First Name: Roger
Middle Name:
Last Name: Chatterton
Suffix:
Email: trvrc@tds.net
Phone Number (give area code): 530-266-3333
Fax Number (give area code): 530-266-3333

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 36-4557456

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 - RD

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program): Community Facilities Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of new-generation hydraulic vehicle extrication tools that will cut through the high-strength steels of current and future motor vehicles.

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

13. PROPOSED PROJECT
Start Date: 2/1/10
Ending Date: 6/1/10

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

15. ESTIMATED FUNDING:

a. Federal	$ 9,045.00
b. Applicant	$ 7,400.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 16,445.00

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: Roger
Middle Name:
Last Name: Chatterton
Suffix:
b. Title: Chief
c. Telephone Number (give area code): 530-266-3333
d. Signature of Authorized Representative:
e. Date Signed: 1/11/10

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)

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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: California Cut Flower Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0318123

* c. Organizational DUNS: 78-3292519

d. Address:

* Street 1: 1521 "I" Street
Street 2:
* City: Sacramento
County: Sacramento
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Kasey
Middle Name:
* Last Name: Cronquist
Suffix:

Title: Executive Director/Ambassador

Organizational Affiliation:

* Telephone Number: (805) 696-5000
Fax Number:

* Email: kcronquist@ccfc.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

X

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

State Marketing Program

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

NGMS Agency Department of Agriculture, Office of Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-769

CFDA Title:

Rural Business Enterprise Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS RBEG

* Title:

MBL-SF424 FAMILY - ALL FORMS

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

State of California

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

California Floral Shipping Network: The "New Model"

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-05
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05-01-2010
* b. End Date: 12-31-2011

18. Estimated Funding ($):

* a. Federal	$200,000.00
* b. Applicant	$40,000.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$240,000.00

*** 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 03-08-2010.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [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: Kasey
Middle Name:
* Last Name: Cronquist
Suffix:

* Title: Executive Director/Ambassador

*Telephone Number: (805) 696-5000
Fax Number:

* Email: kcronquist@ccfc.org

* Signature of Authorized Representative:
* Date Signed: 03-10-2008

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Pre-application ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED	Applicant Identifier	RECEIVED
	3. DATE RECEIVED BY STATE	State Application Identifier	MAR 08 2010
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Antelope Valley Fire Protection District	Organizational Unit:
Organizational DUNS: 103823980	Department: Antelope Valley Fire Protection District
Address:	Division:
Street: 1166 Larson Ln	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Coleville	Prefix: Mrs. First Name: Denea
County: Mono	Middle Name
State: Calif Zip Code 96107	Last Name Sherlock
Country: US	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0358286	Email: avfiredept@yahoo.com
	Phone Number (give area code) 530-495-2900 Fax Number (give area code) 530-495-2300

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: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Acquisition of 2001 & 2002 Ford F550 Wildland type 6 Engines & equipment w/training
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Walker, Coleville, Topaz of Mono Co.	
13. PROPOSED PROJECT Start Date: 3/1/10 Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th McKeon b. Project 25th McKeon
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal $ 145876.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant $ .00	
c. State $ .00	
d. Local $ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other $ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income $ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL $ 145876.00	☐ 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 Mrs	First Name Denea	Middle Name
Last Name Sherlock		Suffix
b. Title Administrator		c. Telephone Number (give area code) 530-495-2900
d. Signature of Authorized Representative		e. Date Signed 2/25/2010

Previous Edition Usable
Authorized for Local Reproduction

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

	DATE SUBMITTED	Appl. Identifier
1. TYPE OF SUBMISSION: Application: ☒ Construction ☐ Non-Construction; Preapplication: ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: **Woodlake, City of**

Organizational Unit:

Department:

Division:

Organizational DUNS: **965822448**

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Address (give city, county, state, and zip code)
350 N Valencia Blvd
WOODLAKE CA 93286
County: **054 Tulare**

Name and telephone number of the person to be contacted on matters involving this application (give area code)
William Lewis
City Administrator
559-564-8055

Fax:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
*******0458**

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

8. TYPE OF APPLICATION:
New

9. NAME OF FEDERAL AGENCY:
USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE: **10.760**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
2010 Waste Water Treatment Facility and Collection System

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc):*
City of Woodlake

13. PROPOSED PROJECT:

Start Date	Ending Date
8/1/2010	12/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
21 CA	21 CA

15. ESTIMATED FUNDING:

a. Federal	17,300,000.00
b. Applicant	0.00
c. State	2,000,000.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	19,300,000.00

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 6/13/2009

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS 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 ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
William Lewis	City Administrator	559-564-8055
d. Signature of Authorized Representative: William		e. Date Signed: 3/1/10

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application

- ☑ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
MAR 09 2010
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California, Davis

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 04-712-0084

d. Address:

*Street1: 1850 Research Park Drive
Street 2: Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95618

e. Organizational Unit:

Department Name: Environmental Science & Policy

Division Name: College of Agriculture & Environmental Sciences

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

Prefix: Dr.
First Name: Fraser
Middle Name:
*Last Name: Shilling
Suffix:

Title: Staff Research Associate

Organizational Affiliation:
Department of Environmental Science & Policy

*Telephone Number: 530-752-7859
Fax Number: 530-752-3350

*Email: fmshiling@ucdavis.edu

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.035

CFDA Title:

COMMUNITY ACTION FOR A RENEWED ENVIRONMENT (CARE) PROGRAM

*12. Funding Opportunity Number: EPA-OAR-IO-10-04

*Title: COMMUNITY ACTION FOR A RENEWED ENVIRONMENT (CARE) PROGRAM

13. Competition Identification Number:

Title:

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

California counties: Contra Costa, Sacramento, San Joaquin, Solano, Yolo
Cities: Antioch, Sacramento, Stockton, West Sacramento

*15. Descriptive Title of Applicant's Project:

Stewardship to Improve Regional Community Health in California's Delta

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-001 *b. Program/Project: 1, 2, 3, 4, 5, 10, 11

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

17. Proposed Project:

*a. Start Date: October 1, 2010 *b. End Date: February 28, 2012

18. Estimated Funding ($):

*a. Federal	$99,664.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$99,664.00

***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 3/9/2010
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: Suzanne

Middle Name:

*Last Name: Oliver

Suffix:

*Title: Contracts and Grants Analyst

*Telephone Number: 530-754-8036 Fax Number: 530-754-8229

*Email: suzoliver@ucdavis.edu

*Signature of Authorized Representative: Suzanne E Oliver Date Signed: 3-9-2010

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

Application for Federal Assistance SF-424

Version 02

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

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*3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Foundation for CSU, San Bernardino

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
95-6067343	030579213

d. Address:

*Street1: 5500 University Parkway
Street 2:
*City: San Bernardino
County: San Bernardino
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 92407-2318

e. Organizational Unit:

Department Name:	Division Name:
Palm Desert Campus	Academic Affairs

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

Prefix: Dr.
First Name: Ellen
Middle Name:
*Last Name: Shimakawa
Suffix: PhD

Title: Interim Director, Research and Sponsored Programs

Organizational Affiliation:
California State University, San Bernardino

*Telephone Number: 909-537-5027
Fax Number: 909-537-7028

*Email: eshimaka@csusb.edu

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

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.035

CFDA Title:

Community Action for a Renewed Environment (CARE) Program

*12. Funding Opportunity Number: EPA-OAR-IO-10-04

*Title: Community Action for a Renewed Environment (CARE) Program

13. Competition Identification Number:

Title:

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

San Bernardino County
Riverside County

*15. Descriptive Title of Applicant's Project:

Expanding the Collaborative Efforts of the Palm Springs (CA) Institute for Environmental Sustainability at CSU San Bernardino

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-41 *b. Program/Project: CA-45

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

17. Proposed Project:

*a. Start Date: 10/01/2010 *b. End Date: 09/30/2012

18. Estimated Funding ($):

*a. Federal	$90,000.00	*d. Local	$0.00
*b. Applicant	$0.00	*e. Other	$0.00
*c. State	$0.00	*f. Program Income	$0.00
*d. Local		*g. TOTAL	$90,000.00

***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 03/09/2010
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Charles

Middle Name: A.

*Last Name: Stanley

Suffix:

*Title: Director, Sponsored Programs Administration

*Telephone Number: 909-537-3914 Fax Number: 909-537-7036

*Email: cstanley@csusb.edu

*Signature of Authorized Representative: Date Signed:

DOT FTA

U.S. Department of Transportation Federal Transit Administration

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Application

Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Project ID:	CA-18-X035-00
Budget Number:	1 - Budget Approved
Project Information:	Capital, Operating, RTAP and Admin Costs

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STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-18-X035-00
Recipient ID:	1622
Recipient Name:	CALIFORNIA STATE DOT (CALTRANS) DIVISION OF MASS TRANSPORTATION
Address:	P.O. BOX 942874 MS-39 , SACRAMENTO, CA 94274 0001
Telephone:	(916) 654-8625
Facsimile:	(916) 654-9366

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	$113,130,390
Project Number:	CA-18-X035-00	Adjustment Amt:	$0
Project Description:	Capital, Operating, RTAP and Admin Costs	Total Eligible Cost:	$113,130,390
Recipient Type:	State Agency	Total FTA Amt:	$22,951,751
FTA Project Mgr:	Audrey Bredehoft	Total State Amt:	$0
Recipient Contact:	Dunisch/Ogbonna 916-654-8625	Total Local Amt:	$90,178,639
New/Amendment:	None Specified	Other Federal Amt:	$0
Amend Reason:	Initial Application	Special Cond Amt:	$0
Fed Dom Asst. #:	20509	Special Condition:	None Specified
Sec. of Statute:	5311-1	S.C. Tgt. Date:	None Specified

State Appl. ID:	135253776
Start/End Date:	Jan. 02, 2010 - Sep. 30, 2016
Recvd. By State:	Feb. 09, 2010
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Nov. 23, 2009
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	No
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
64140	ATASCADERO--EL PASO DE ROBLES (PASO ROBL

Congressional Districts

State ID	District Code	District Official
6	1	Mike Thompson
6	2	Wally Herger
6	3	Daniel E Lungren
6	4	Tom McClintock
6	5	Doris O Matsui
6	6	Lynn C Woolsey
6	7	George Miller
6	8	Nancy Pelosi
6	9	Barbara Lee
6	10	Ellen O Tauscher
6	11	Jerry McNerney
6	12	Jackie Speier
6	13	Fortney P Stark
6	14	Anna G Eshoo
6	15	Michael M Honda
6	16	Zoe Lofgren
6	17	Sam Farr
6	18	Dennis A Cardoza
6	19	George P Radanovich

6	20	Jim Cos'
6	21	Devin Nunes
6	22	Kevin McCarthy
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Laura Richardson
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	40	Edward R Royce
6	41	Jerry Lewis
6	42	Gary G Miller
6	43	Joe Baca
6	44	Ken Calvert
6	45	Mary Bono-Mack
6	46	Dana Rohrabacher
6	47	Loretta Sanchez
6	48	John Campbell
6	49	Darrell E Issa
6	50	Brian P Bilbray
6	51	Bob Filner
6	52	Duncan Hunter
6	53	Susan A Davis

Project Details

California Department of Transportation (Department) Section 5311, Grant CA-18-X035 is funded with Federal Fiscal Year 2009 (FY2009) apportionment for Capital, Operating Assistance, State Administrative Costs and Rural Transit Assistance Program (RTAP) activities.

The Department is attaching a copy of FY2010 Certifications and Assurances that was submitted and affirmed November 10, 2009 in TEAM with this Grant Application. In addition, The Department is corresponding directly with United States Department of Labor to obtain Special Section 13© clearance. A signed copy of the letter from the Department to Ann Conner, Chief, U.S. Department o Labor dated January 6, 2010 and all pertinent union attachments will be sent to Paul Page at FTA, Region IX in San Francisco, California.

CA18-X035 Program of Projects app' 'ion is for eighty-eight (88) projects. Of the eighty-eight (88) projects allocated, four (4) are capital projects and eighty-four (84) a. . operating assistance projects. There is no al project included in this grant.

Due to lack of staff times created by the first three Fridays furlough days of each month, as part of the State Furlough Program and times spent on FY2009 Recovery Act grants. Section 5311F projects are delayed from being selected. CA-18-X035 set aside 15% which is $3,403,583 toward section 5311F Program of Projects, funds will be allocated upon final selection of projects

CA-18-X035 components:

Regional Capital projects: $ 517,283
Regional Operating Assistance: 16,688,239
State Administration Costs: 2,081,467
RTAP: 261,199
Program Reserves (5311F: 3,403,583
Total FY2009 CA-18-X035: $22,951,751

Currently, seventy (70) projects are in category A and eighteen (18) projects are in category B. Upon STIP amendment, Category B projects will be moved to Category A.

CA-18-X035 grant is totaling $22,951,751 federal funds, $90,178,639 local contribution for a grand total of $113,130,390. The Department is submitting CA18-X035 budgeted at 100% of Section FY2009 apportionments.
Table 14 (FY2009)
SECTIONS 5311 AND 5340 SECTION 5311(b)(3)
STATE APPORTIONMENT APPORTIONMENT
California 22,690,552 261,199
Total grant CA18-X035 $22,951,751 FTA$
For Program of Projects, STIP data, Scope and ALI, please see attach files in TEAM.

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	7	$439,894.00	$611,010.00
ACTIVITY			
11.12.02 BUY REPLACEMENT 35-FT BUS	6	$379,894.00	$461,010.00
11.12.03 BUY REPLACEMENT 30-FT BUS	1	$60,000.00	$150,000.00
SCOPE			
113-00 BUS - STATION/STOPS/TERMINALS	2	$77,369.00	$87,392.00
ACTIVITY			
11.31.10 ENG/DESIGN - BUS PASSENGER SHELTERS	1	$5,000.00	$5,647.00

11.33.10 CONSTRUCT - BUS PASSENGER SHELTERS	1	$72,360.00	$81,745.00
SCOPE			
300-00 OPERATING ASSISTANCE	0	$16,688,239.00	$103,282,156.00
ACTIVITY			
30.09.02 SLIDING SCALE (5311 OR 5310 PILOT ONLY)	0	$16,688,239.00	$103,282,156.00
SCOPE			
610-00 STATE ADMINISTRATION	0	$2,081,467.00	$2,081,467.00
ACTIVITY			
11.80.00 STATE OR PROGRAM ADMINISTRATION	0	$2,081,467.00	$2,081,467.00
SCOPE			
634-00 INTERCITY BUS TRANSPORTATION	0	$3,403,583.00	$6,807,166.00
ACTIVITY			
11.73.00 CONTINGENCIES/PROGRAM RESERVE	0	$3,403,583.00	$6,807,166.00
SCOPE			
635-00 RURAL TRANSIT ASST PROGRAM	0	$261,199.00	$261,199.00
ACTIVITY			
43.50.02 TECHNICAL ASSISTANCE	0	$261,199.00	$261,199.00
		Estimated Total Eligible Cost:	**$113,130,390.00**
		Federal Share:	**$22,951,751.00**
		Local Share:	**$90,178,639.00**

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

UZA ID	Accounting Classification	FPC	FY	SEC	Previously Approved	Amendment Amount	Total
60000	2009.25.18.81.2	06	2010	18	$0.00	$2,081,467.00	$2,081,467.00
60000	2009.25.18.81.2	09	2010	18	$0.00	$20,609,085.00	$20,609,085.00
60000	2009.25.18.R7.2	07	2010	18	$0.00	$261,199.00	$261,199.00
						Total Previously Approved:	**$0.00**
						Total Amendment Amount:	**$22,951,751.00**

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

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received: 4. Application Identifier:

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STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Sacramento Housing Alliance

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0252305

*c. Organizational DUNS: 153258277

d. Address:

*Street1: 1800 21st Street
Street 2: Suite 100
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: *Zip/ Postal Code: 95811

e. Organizational Unit:

Department Name: Coalition on Regional Equity

Division Name:

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

Prefix: Mr. First Name: Shamus
Middle Name:
*Last Name: Roller
Suffix:

Title: Executive Director

Organizational Affiliation:
Sacramento Housing Alliance

*Telephone Number: (916) 455-4900 Fax Number: (916) 455-4917

*Email: shamus@sachousingalliance.org

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

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.035

CFDA Title:

Community Action for a Renewed Environment

*12. Funding Opportunity Number: EPA-OAR-IO-10-04

*Title: Community Action for a Renewed Environment RFP

13. Competition Identification Number:

Title:

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

South Sacramento, including portions of the City and County of Sacramento, California

*15. Descriptive Title of Applicant's Project:

Sacramento Building Healthy Communities Through Environmental Change

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-005 *b. Program/Project: CA-005

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

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	$100,000.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	$100,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on March 9, 2010
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Shamus

Middle Name:

*Last Name: Roller

Suffix:

*Title: Executive Director

*Telephone Number: (916) 455-4900 Fax Number: (916) 455-4917

*Email: shamus@sachousingalliance.org

*Signature of Authorized Representative: Date Signed: 3-8-10

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

Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 10, 2010	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: Merced Union High School District	**Organizational Unit:** Department:
Organizational DUNS: 014233373	Division: Livingston High School
Address: Street: 3440 A Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mrs. / First Name: Sandra
City: Atwater	Middle Name: Marie
County: Merced	Last Name: Braa
State: California / Zip Code: 95301	Suffix:
Country: United States	Email: sabraa@muhsd.k12.ca.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0572114	Phone Number (give area code): 209-385-8009 / Fax Number (give area code): 209-385-6442

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)

H Independent School District.

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

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

TITLE (Name of Program):
Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Livingston High School Security Camera Grant

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

City of Livingston

13. PROPOSED PROJECT

Start Date:	Ending Date:
November 23, 2009	November 23, 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
18th District	18th District

15. ESTIMATED FUNDING:

a. Federal	$ 28,703.00
b. Applicant	$ 23,485.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 52,188.00

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

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

DATE: March 8, 2010

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: Dr.	First Name: Diane	Middle Name
Last Name: Hockersmith		Suffix
b. Title: Deputy Superintendent		c. Telephone Number (give area code): 209-385-6411
d. Signature of Authorized Representative		e. Date Signed: 2-4-2010

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
CFDA 10.783

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State Center Community College District

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1574802

*c. Organizational DUNS:
068869734

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d. Address:

*Street 1: 1525 E. Weldon Ave.
Street 2:
*City: Fresno
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93704

e. Organizational Unit:

Department Name:
Center for International Trade Development

Division Name:

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

Prefix: Mrs.
*First Name: Candy
Middle Name:
*Last Name: Hansen-Gage
Suffix:

Title: Coordinator

Organizational Affiliation:

*Telephone Number: 559-324-6426
Fax Number: 559-324-6492

*Email: candy.hansen@scccd.edu

Application for Federal Assistance SF-424 Version 02

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.783

CFDA Title:

Rural Business Enterprise Grant Program

***12 Funding Opportunity Number:**

NA

*Title:

NA

13. Competition Identification Number:

Title:

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

Fresno and Madera Counties

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

Central California Rural Economic Development – Agricultural Export Program (CCRED)

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-20 & CA-19 *b. Program/Project: CA-20 & CA-19

17. Proposed Project:

*a. Start Date: 07-01-10 *b. End Date: 06-30-11

18. Estimated Funding ($):

*a. Federal	99,000.00
*b. Applicant	40,607.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	139,607.00

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Douglas

Middle Name: R.

*Last Name: Brinkley

Suffix:

*Title: Vice Chancellor, Finance and Administration

*Telephone Number: 559-244-5910 Fax Number: 559-243-1949

* Email: doug.brinkley@scccd.edu

*Signature of Authorized Representative: *Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 03/11/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098003	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-81-D-4	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA	**Organizational Unit:** Department: Fish and Game
Organizational DUNS: 808322358	Division: GRANTS MANAGEMENT BRANCH
Address: Street: 1812 9TH STREET	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms First Name: LISA
City: SACRAMENTO	Middle Name
County: SACRAMENTO	Last Name BAYS
State: CA Zip Code 95691	Suffix:
Country: USA	Email: lbays@dfg.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567	Phone Number (give area code) (916) 445-3701 / Fax Number (give area code) (916) 327-6320

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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)

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 DEVELOPMENT & MAINTENANCE - REGION 1

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: LASSEN, MODOC, SISKIYOU & DEL NORTE COUNTIES

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 1,2,4

15. ESTIMATED FUNDING:

a. Federal	$ 1,333,365.00
b. Applicant	$
c. State	$ 444,455.00
d. Local	$
e. Other	$
f. Program Income	$ 195,055.00
g. TOTAL	$ 1,972,875.00

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: 03/11/2010

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 BLAINE	Middle Name
Last Name NICKENS		Suffix
b. Title ACTING CHIEF, GRANTS MANAGEMENT BRANCH		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed March 11, 2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 03/11/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098004	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-80-D-4	

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: CA Zip Code 95691

Country: USA

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

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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 DEVELOPMENT & MAINTENANCE - REGION 2

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: TRINITY, YUBA, NEVADA and YOLO COUNTIES

13. PROPOSED PROJECT

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

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 2,4

15. ESTIMATED FUNDING:

a. Federal	$ 1,775,124.00
b. Applicant	$
c. State	$ 591,708.00
d. Local	$
e. Other	$
f. Program Income	$ 390,323.00
g. TOTAL	$ 2,757,155.00

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: 03/11/2010

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 BLAINE Middle Name

Last Name NICKENS Suffix

b. Title ACTING CHIEF, GRANTS MANAGEMENT BRANCH c. Telephone Number (give area code)

d. Signature of Authorized Representative e. Date Signed March 11, 2010

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APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Desert Mountain RC&D Council

Organizational Unit:

Address (give city, county, state, and zip code):
1525 North Norma St. Suite C
Ridgecrest CA 93555
Kern County

Name and telephone number of person to be contacted on matters involving this application (give area code)
Craig Peterson 760-446-1974

6. EMPLOYER IDENTIFICATION (EIN): 77-0497819

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

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

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 - NRCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-901
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Resource Conservation, Community & Economic Development.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Inyo, Kern, Mono, Tulare, San Bernardino, Los Angeles Counties

13. PROPOSED PROJECT
Start Date:
Ending Date: 3/31/11

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 21, 22, 25, 41
b. Project: Implement RC&D Program

15. ESTIMATED FUNDING

a. Federal	$ 7,500.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. Total	$ 7,500.00

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 3-11-10
b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (Attach explanation) ☑ NO

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Craig Peterson	President	(760) 446-1940
d. Signature of Authorized Representative: Craig Peterson		e. Date Signed: 3-11-10

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: March 1, 2010

Applicant Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
Construction	Construction
✓ Non Construction	Non Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Anaheim

Organizational Unit: Anaheim Public Utilities

Address (give city, county, state, and zip code):
201 South Anaheim Boulevard, 11th Floor
Anaheim, Orange County, CA 92805

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Jarred Ross: (714) 765-4256

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95 – 6000666

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

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

8. TYPE OF APPLICATION:

✓ New Continuation Revision

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15 – 512

TITLE: Central Valley Project Improvement Act, Title XXIV

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Centralized Weather-Based Controllers and Rotary Nozzles Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
City of Anaheim, County of Orange, State of California

13. PROPOSED PROJECT

Start Date: 10/01/2010 Ending Date: 12/01/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 40, 42, 47 b. Project: 42

15. ESTIMATED FUNDING:

a. Federal	$	100,000.00
b. Applicant	$	600,643.00
c. State	$	
d. Local	$	
e. Other	$	0.00
f. Program Income	$	
g. TOTAL	$	700,643.00

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

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

DATE: March 2, 2010

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: Donald C. Calkins

b. Title: Assistant General Manager

c. Telephone Number: 714-765-4268

d. Signature of Authorized Representative: Don Calkins

e. Date Signed: 3-1-10

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Prescribed by OMB Circular A-102

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Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Pre-application: ☒ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **Mettler County Water District**

Organizational DUNS: **792617409**

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Address:

Street: **1822 Stevens Drive**

City: **Bakersfield**

County: **Kern**

State: **CA** Zip Code **93313**

Country: **USA**

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: **John**

Middle Name

Last Name **Haverstock**

Suffix:

Email: **john@cal-valley.com**

Phone Number (give area code) **(661) 979-0947**

Fax Number (give area code) **(661) 858-0301**

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3034040

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

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

USDA/Rural Development 10-760

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Mettler Wastewater Project

Replace failing septic systems and eliminate groundwater contamination with a community wastewater collection, treatment & disposal system.

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

Community of Mettler, Kern Co., California

13. PROPOSED PROJECT

Start Date: **7/1/10** Ending Date: **7/1/11**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **22** b. Project **22**

15. ESTIMATED FUNDING:

a. Federal	$ 182,000.00
b. Applicant	$ .00
c. State	$ 2,052,000.00
d. Local	$ 20,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,254,000.00

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

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

DATE: **March 10, 2010**

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 **Haverstock**		Suffix
b. Title **President**		c. Telephone Number (give area code) **(661) 979-0947**
d. Signature of Authorized Representative		e. Date Signed 3-10-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: NORTH YUBA WATER DISTRICT	Organizational Unit:
	Department:
Organizational DUNS: 182172411	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: P.O. BOX 299	Prefix: First Name: WILLIAM
City: BROWNSVILLE	Middle Name R.
County: YUBA	Last Name SUPPA
State: CA Zip Code 95919	Suffix:
Country: USA	Email: YCWDWATERMAN@SBCGLOBAL.NET
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1605954	Phone Number (give area code) 530 675-2567 / Fax Number (give area code) 530 675-0462

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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) G, SPECIAL DISTRICT Other (specify)
	9. NAME OF FEDERAL AGENCY: RURAL DEVELOPMENT
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): WATER & WASTEWATER LOAN GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FORBESTOWN WATER STORAGE TANK CONSTRUCTION PROJECT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FORBESTOWN	
13. PROPOSED PROJECT Start Date: / Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant HERGER 2ND DST. / b. Project SAME

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 1,409,900 .00	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/3/10
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ .00	☐ 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 R
Last Name SUPPA		Suffix
b. Title GENERAL MANAGER		c. Telephone Number (give area code) 530 675-2567
d. Signature of Authorized Representative William R Suppa		e. Date Signed 3/9/10

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:
- Application: ☐ Pre-application
- ☑ Construction: ☑ Construction
- ☐ Non-Construction: ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Joaquin County Service Area #44 E

Organizational Unit:
Department: Public Works

Organizational DUNS: 004772302-0000

Division: Community Infrastructure Engineering

Address:
Street: 1810 E Hazelton Ave

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City: Stockton

County: San Joaquin

State: CA

Zip Code: 95

Country: U.S.A.

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Alicia
Middle Name
Last Name: Albright
Suffix:
Email: aalbright@sjgov.org
Phone Number (give area code): (209) 953-7150
Fax Number (give area code): (209) 468-2999

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

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)
Other (specify): B

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:
San Joaquin CSA #44 E Wastewater Treatment Plant Deficiencies Remediation.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Unincorporated area southeast of Tracy, California

13. PROPOSED PROJECT
Start Date: 3/01/2010
Ending Date: 10/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 11 & 18
b. Project: 11

15. ESTIMATED FUNDING:

a. Federal	$ .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 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: Mr. First Name: Steven Middle Name: Eric
Last Name: Winkler Suffix:
b. Title: Deputy Director c. Telephone Number (give area code): (209) 468-3000
d. Signature of Authorized Representative: [signature] e. Date Signed: 3/9/10

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:
Application: ☑ Construction ☐ Non-Construction
Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Joaquin County Service Area #44G
Organizational Unit: Department: Public Works - San Joaquin County
Organizational DUNS: 004772302-0000
Division: Community Infrastructure Engineering
Address:
Street: 1810 E Hazelton Ave
City: Stockton
County: San Joaquin
State: CA
Zip Code: 95
Country: USA
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Alicia
Middle Name
Last Name: Albright
Suffix:
Email: aalbright@sjgov.org

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000531
Phone Number (give area code): (209) 953-7150
Fax Number (give area code): (209) 468-2999

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)

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:
San Joaquin CSA #44G Wastewater Treatment Plant Deficiencies Remediation.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Unincorporated area southeast of Tracy, California

13. PROPOSED PROJECT
Start Date: 3/01/2010
Ending Date: 10/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 11 & 18
b. Project: 11

15. ESTIMATED FUNDING:

a. Federal	$
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 910,000

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:
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: Steven Middle Name: Eric
Last Name: Winkler Suffix:
b. Title: Deputy Director of Public Works
c. Telephone Number (give area code): (209) 468-3000
d. Signature of Authorized Representative
e. Date Signed

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 30, 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: County of Modoc

Organizational Unit:
Department: Public Works
Division:

Organizational DUNS: 07-611-8678

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MAR 15 2010
STATE CLEARING HOUSE

Address:
Street: 202 W. 4th Street
City: Alturas
County: Modoc
State: California
Zip Code: 96101
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Richard
Middle Name: R.
Last Name: Hironymous
Suffix:
Email: rhironymous@modoccounty.us
Phone Number (give area code): 530-233-6403
Fax Number (give area code): 530-233-3132

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000522

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:
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:
Tulelake Municipal Airport, Modoc County, California
Reconstruction of Tie Down Apron (141,000 sq. ft.) and Service Road (22' x 950')
Construction of 8-foot Perimeter Fence (16,150 ln. ft.)

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Town of Tulelake, Modoc County, California

13. PROPOSED PROJECT
Start Date: 2010
Ending Date: 2010

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

15. ESTIMATED FUNDING:

a. Federal	$ 1,853,450.00
b. Applicant	$ 97,550.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,951,000.00

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: January 6, 2010
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: Richard
Middle Name:
Last Name: Hironymous
Suffix:
b. Title: Director of Public Works
c. Telephone Number (give area code): (530) 233-6403
d. Signature of Authorized Representative: Richard Hironymous
e. Date Signed: 3-10-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED December 30, 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: County of Modoc

Organizational DUNS: 07-611-8678

Address:

Street: 202 W. 4th Street

City: Alturas

County: Modoc

State: California

Zip Code 96101

Country: USA

Organizational Unit:

Department: Public Works

Division:

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

Prefix: Mr. | First Name: Richard

Middle Name R.

Last Name Hironymous

Suffix:

Email: rhironymous@modoccounty.us

Phone Number (give area code) 530-233-6403

Fax Number (give area code) 530-233-3132

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 94-6000522

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:
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:

Cedarville Municipal Airport, Cedarville, Modoc County, California
Engineering Design Projects - Reseal Joints in Pavement;
Slurry Seal Runway, Taxiways and Apron; Grated Drains
Reseal Joints in Pavement
Slurry Seal Runway, Taxiways, and Apron
Construct Grated Drains at Taxiway and Runway Intersection

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

Town of Cedarville, Modoc County, California

13. PROPOSED PROJECT

Start Date: 2010 | Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 02 | b. Project 02

15. ESTIMATED FUNDING:

a. Federal	$ 684,000.00
b. Applicant	$ 36,000.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 720,000.00

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: January 6, 2010

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: Richard | Middle Name

Last Name: Hironymous | Suffix

b. Title: Director, Public Works Department

c. Telephone Number (give area code): (530) 233-6403

d. Signature of Authorized Representative: Richard Hironymous

e. Date Signed: 3-11-10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Lost Hills Utility District		**Organizational Unit:** Department:	
Organizational DUNS: 101466121		Division:	
Address: Street: PO Box 246		**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr.	First Name: Amando
City: Lost Hills		Middle Name	
County: Kern		Last Name Garza	
State: California	Zip Code 93249	Suffix:	
Country: USA		Email: agarza@carollo.com	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0278818		Phone Number (give area code) 559.436.6616	Fax Number (give area code) 559.436.1191
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: 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:** Lost Hills Utility District Arsenic and Water Systems Improvements	
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Lost Hills, California			
13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: October 1, 2010	Ending Date: March 31, 2011	a. Applicant District 20	b. Project District 20

15. ESTIMATED FUNDING:

a. Federal USDA-Rural Development	$ 1,248,038 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,248,038 .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 Ms.	First Name Emma	Middle Name
Last Name Clifford		Suffix
b. Title President		c. Telephone Number (give area code) 661.797.2903
d. Signature of Authorized Representative Emma Clifford		e. Date Signed 3-4-10

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED MARCH 10, 2010	Applicant Identifier Coachella City Project No. 2008-18	
3. DATE RECEIVED BY STATE	State Application Identifier CA	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

RECEIVED
MAR 15 2010
STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: City of Coachella

Organizational DUNS: 067655225

Address:

Street: 1515 Sixth Street

City: Coachella

County: Riverside

State: CA

Zip Code 92236

Country: USA

Organizational Unit:

Department: Public Works

Division: Water

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

Prefix: Mr.

First Name: Paul

Middle Name

Last Name Toor

Suffix:

Email: ptoor@coachella.org

Phone Number (give area code) 760-398-5744

Fax Number (give area code) 760-398-1630

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000693

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. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:

3

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

TITLE (Name of Program): Water and Waste Disposal

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Rancho Las Flores Reservoir and Booster Pump Station
City Project No. 2008-18

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

City of Coachella

13. PROPOSED PROJECT

Start Date: August 1, 2010

Ending Date: August 1, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 45th District

b. Project 45th District

15. ESTIMATED FUNDING:

a. Federal	$ 6,000,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 6,000,000.00

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: Paul

Middle Name

Last Name: Toor

Suffix

b. Title: Public Works Director

c. Telephone Number (give area code): 760-398-5744

d. Signature of Authorized Representative

e. Date Signed: 3/10/10

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED
MAR 15 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Self-Help Enterprises

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1592676

*c. Organizational DUNS:
056179906

d. Address:

*Street 1: 8445 Elowin Court , P.O. Box 6520
Street 2:
*City: Visalia
County: Tulare
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93290-6520

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
*First Name: Thomas
Middle Name: Jarrett
*Last Name: Collishaw
Suffix:

Title: Vice-President

Organizational Affiliation:
staff member

*Telephone Number: (559) 802-1620
Fax Number: (559) 651-3634

*Email: tomc@selfhelpenterprises.org

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Fresno, Kern, Kings, Merced, Madera, Mariposa, Stanislaus and Tulare counties

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

Self-help housing program - acting as agent for low and very-low income households, Self-Help Enterprises will assist those participants in building 191 equivalent housing units using the mutual self-help process. Self-Help Enterprises will secure the land, recruit the applicants, package loan applications, and provide guidance with construction activities.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: California 21 *b. Program/Project: California 18, 19, 20, 21, 22

17. Proposed Project:

*a. Start Date: September 1, 2010 *b. End Date: August 31, 2012

18. Estimated Funding ($):

*a. Federal	$5,000,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$5,000,000

***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 April 5, 2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Peter

Middle Name: Nugent

*Last Name: Carey

Suffix:

*Title: President/CEO

*Telephone Number: (559) 802-1600 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: March 11, 2010

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

RECEIVED
MAR 15 2010
STATE CLEARINGHOUSE

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):
Doug Wilson
(916) 341-5745

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
66.458
Title: Capitalization Grants for Clean Water State Revolving Funds

11. Descriptive Title of Applicant's Project:
Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a nonpoint source management program, and development and implementation of estuary conservation and management plans.

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

13. Proposed Project:

Start Date	End Date
7/1/2010	6/30/2020

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$145,721,000
b. Applicant	$0
c. State	$29,144,200
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$174,865,200

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 15, 2010
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:
	3/19/2010

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SF 424

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

SF 424

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

Date Submitted 05/14/2010	Applicant Identifier B-10-UC-06-0502	**Type of Submission**	
Date Received by state	State Identifier	**Application**	**Pre-application**
Date Received by HUD	Federal Identifier	☒ Construction	☐ Construction
		☐ Non Construction	☐ Non Construction
Applicant Information			
COUNTY OF KERN		CA69029 KERN COUNTY	
2700 "M" Street, Suite 250		063-811-350	
0		Organizational Unit	
Bakersfield,	California	Board of Supervisors	
93301	Country: U.S.A.	Division	
Employer Identification Number (EIN):		County: Kern County	
95-6000925		Program Year Start Date (MM/DD) 07/01/2010	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: County		Specify Other Type	
Program Funding		**U.S. Department of Housing and Urban Development**	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.	
$CDBG Grant Amount - $5,056,979	$Additional HUD Grant(s) Leveraged - $0	Describe – N/A	
$Additional Federal Funds Leveraged - $0		$Additional State Funds Leveraged - $0	
$Locally Leveraged Funds - $136,070		$Grantee Funds Leveraged - $0	
$Anticipated Program Income - $160,000		Other (Describe) – ${Certificates of Participation; Developer fees; Redevelopment }	
Total Funds Leveraged for CDBG-based Project(s) - $296,070			

Home Investment Partnerships Program	14.239 HOME Applicant Identifier - M-10-UC-06-0517	
To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.	Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.	
$HOME Grant Amount - $2,263,867	$Additional HUD Grant(s) Leveraged - $0	Describe- N/A
$Additional Federal Funds Leveraged - $0	$Additional State Funds Leveraged - $0	
$Locally Leveraged Funds - $0	$Grantee Funds Leveraged - $0	
$Anticipated Program Income - $350,000	Other (Describe)-$0	
Total Funds Leveraged for HOME-based Project(s) $350,000		

Housing Opportunities for People with AIDS	14.241 HOPWA: ***The County of Kern does not receive/administer HOPWA funds.***

Emergency Shelter Grants Program	14.231 ESG Applicant Identifier - S-10-UC-06-0502	
The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless.	Metropolitan Bakersfield and the City of Ridgecrest.	
$ESG Grant Amount - $222,609	$Additional HUD Grant(s) Leveraged - $0	Describe- N/A
$Additional Federal Funds Leveraged - $0	$Additional State Funds Leveraged - $0	
$Locally Leveraged Funds - $211,480	$Grantee Funds Leveraged - $0	
$Anticipated Program Income - $0	Other (Describe)- $0	
Total Funds Leveraged for ESG-based Project(s) - $211,480		

Congressional Districts of: 20th & 22nd Congressional Districts		Is application subject to review by state Executive Order 12372 Process?	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on March 18, 2009
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Barry Jung	K	Jung
Director	(661) 862-5050	(661) 862-5052 -FAX
barry@co.kern.ca.us	Grantee Website	Other Contact
Signature of Authorized Representative		Date Signed

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