Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1 - 15, 2012.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 2/28/12	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

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MAR 01 2012
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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) _____

State Chartered Transit District

8. TYPE OF APPLICATION:

New ☐ Continuation Revision X

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

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

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5307 Urbanized Area Formula Program – Operating Assistance (Vanpool Program) for LA CRD, CA-95-X099-01

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
3/1/12	10/31/13	Districts 31, 32, 34,35 37	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	400,000.00
b Applicant	$	.00
c State	$	.00
d Local	$	.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	400,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?

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

DATE 02/28/12

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 Typed Name of Authorized Representative	b Title	c Telephone number
RICHARD CHRISTIE	Transportation Planning Manager	(213) 922-6022

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	02/28/12

Previous Editions Not Usable

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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MAR 01 2012
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 Neighborhood Housing Services, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0118032

*c. Organizational DUNS: 96-8611905

d. Address:

*Street1: 2400 Alhambra Blvd.
Street 2:
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: USA
*Zip/ Postal Code: 95824

e. Organizational Unit:

Department Name: HomeOwnership

Division Name: NeighborWorks HomeOwnership Center Sacramento Region

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

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

Title: Residential Construction Manager

Organizational Affiliation:

*Telephone Number: 916-452-5356

Fax Number: 916-431-3200

*Email: randy@nwsac.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:
USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance Grant

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Colusa County, City of Live Oak, Sutter County, Yolo County, Yuba County, Sacramento County, El Dorado County, Solano County, San Joaquin County, Amador County, Placer County.

*15. Descriptive Title of Applicant's Project:

Mutual Self-Help Housing Program providing technical assistance to low and very low-income home builders.

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 District 5

*b. Program/Project: District 3, 7, 5

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

17. Proposed Project:

*a. Start Date: March 1, 2012

*b. End Date: February 28, 2014

18. Estimated Funding ($):

*a. Federal	$438,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$438,000.00

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Pam

Midd le N ame:

*Last Name: Canada

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 916-452-5356

Fax Number: 916-431-3200

*Email: pam@nwsac.org

*Signature of Authorized Representative:

Date Signed:

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 1, 2012	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: Sierraville Public Utility District

Organizational Unit:
Department:
Division:

Organizational DUNS: 009491903

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Address:
Street: P.O. Box 325
City: Sierraville
County: Sierra
State: CA
Zip Code: 96126
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Lee
Middle Name
Last Name: Wright
Suffix:
Email: LWright@truckeesan.org
Phone Number (give area code): 530.994.1098
Fax Number (give area code): n/a

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

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 - (Public Utility District)
Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program): Water & Wastewater Disposal Loan & Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sierraville Water System - 2012 Tank Replacement

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Sierraville, Sierra County, California

13. PROPOSED PROJECT
Start Date: 04-2012
Ending Date: 06-2013

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

15. ESTIMATED FUNDING:

a. Federal	$ 526,000.00
b. Applicant	$ 64,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 590,000.00

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

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

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

a. Authorized Representative

Prefix	First Name: Lee	Middle Name
Last Name: Wright		Suffix
b. Title: Board Co-Chair		c. Telephone Number (give area code): 530.994.1098
d. Signature of Authorized Representative		e. Date Signed: 2-27-12

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

Application for Federal Assistance SF-424

Version 02

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

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

4. Applicant 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: Rancho California Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751

* c. Organizational DUNS: 053836235

d. Address:

* Street1: 42135 Winchester Rd.
Street2:
* City: Temecula
County: Riverside
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: Planning Department

Division Name:

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

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

Title: Water Resources Planner

Organizational Affiliation: Rancho California Water District

* Telephone Number: 951-296-6916

Fax Number:

* Email: landstedtd@ranchowater.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:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

R12AF20003

* Title:

Reclamation's Bay Delta Restoration Program: Agricultural Water Conservation and Efficiency Grants

13. Competition Identification Number:

Title:

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

City of Temecula, portions of the City of Murrieta, and unincorporated areas of southwest Riverside County, California.

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

Enhanced Agricultural Irrigation Efficiency Program

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-049
* b. Program/Project: CA-049

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

RCWD_Congressional Districts | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 07/30/2014

18. Estimated Funding ($):

* a. Federal	174,355.70
* b. Applicant	0.00
* c. State	176,026.69
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	350,382.39

*** 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 03/01/2012.
- [ ] 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: Perry
Middle Name:
* Last Name: Louck
Suffix:

* Title: Director of Planning

* Telephone Number: 951-296-6927
Fax Number:

* Email: louckp@ranchowater.com

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

(Pac ge revised 12/23/03) Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:
Application
☒ Construction
☐ Non-Construction
Preapplication
☐ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **City of Redding, California**

Organizational Unit: **Redding Municipal Airport**

Department: **Support Services**

Organizational DUNS: **07-378-0413**

Division: **Airports**

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Address:
Street: **777 Cypress Avenue**

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

Prefix: **Mr.** First Name: **Rod**

City: **Redding**

Middle Name: **A.**

County: **Shasta**

Last Name: **Dinger**

State: **CA** Zip Code: **96001-2718**

Suffix:

Country: **USA**

Email: **rdinger@ci.redding.ca.us**

6. EMPLOYER IDENTIFICATION NUMBER *EIN*):
9 4 - 6 0 0 0 4 0 1

Phone number (give area code): **(530) 224-4321**
FAX number (give area code): **(530) 224-4318**

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
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:
14 CFR Part 139 Airport Improvements Including:
1. Remove and replace Surface Painted Hold Signs
2. Replace and/or Install new Windcones
3. New Pavement Markings for Runway 12-30
4. New Threshold Lights on Runway 12-30
5. Modify/Relocate Sign M8
6. Modify/Relocate Sign B1
7. Modify/Relocate Sign C1

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT
Start Date: **4/01/12**
Ending Date: **12/31/12**

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

15. ESTIMATED FUNDING

a. Federal	$	247,500 .00
b. Applicant	$	27,500 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	275,000 .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: **02/22/10**
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. Authorized Representative
Prefix **Mr.** First Name **Rod** Middle Name **A.**
Last Name **Dinger** Suffix
b. Title **Airports Manager**
c. Telephone number (give area code) **(530) 224-4321**
d. Signature of Authorized Representative X
e. Date Signed X 3/6/12

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

Application for Federal Assistance SF-424

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

* 3. Date Received:

4. Applicant 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: BRIDGE Housing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2827909

* c. Organizational DUNS: 1327536250000

d. Address:

* Street1: 345 Spear Street
Street2: Suite 700
* City: San Francisco
County: San Francisco
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94105

e. Organizational Unit:

Department Name: 16th Street Station

Division Name:

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

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

Title: Project Manager

Organizational Affiliation:

* Telephone Number: 415-321-3253

Fax Number:

* Email: dfiore@bridgehousing.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

66.604

*** 12. Funding Opportunity Number:**

EPA-OECA-OEJ-12-01

* Title:

Environmental Justice Small Grants Program

13. Competition Identification Number:

Title:

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

West Oakland, California

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

Urban Farm at the 16th Street Station

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-08 * b. Program/Project CA-09

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

17. Proposed Project:

* a. Start Date: May 2012 * b. End Date: May 2013

18. Estimated Funding ($):

* a. Federal $25,000
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL $25,000

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

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

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

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

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

Middle Name: A

* Last Name: Parker

Suffix:

* Title: CEO

* Telephone Number: 415-989-1111 Fax Number:

* Email: cparker@bridgehousing.com

* Signature of Authorized Representative: * Date Signed: 2/29/12

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)

RECEIVED
MAR 05 2012
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956004609

* c. Organizational DUNS: 043656206

d. Address:

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708

e. Organizational Unit:

Department Name: Financial Planning

Division Name: Grants Administration

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

Prefix: Mr.
* First Name: Jason
Middle Name: H.
* Last Name: Gu
Suffix:

Title: Grants Officer

Organizational Affiliation: employee

* Telephone Number: (909) 993-1636
Fax Number: (909)993-1986

* Email: jgu@ieua.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

R12AF20002

* Title:

Reclamation's Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants

13. Competition Identification Number:

Title:

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

Cities of Chino Hills, Chino, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and unincorporated areas of San Antonio Heights and Alta Loma which are located in the San Bernardino County in the State of California.

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

INLAND EMPIRE REGIONAL IRRIGATION RETROFIT PROJECTS

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-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	500,000.00
* b. Applicant	1,427,732.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,927,732.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/29/2012.
- [ ] 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: Thomas
Middle Name: A.
* Last Name: Love
Suffix:

* Title: General Manager
* Telephone Number: (909) 993-1600
Fax Number: (909) 993-1985
* Email: tlove@ieua.org
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

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

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

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 _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: TreePeople

*b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7314838

*c. Organizational DUNS: 097463004

d. Address:

*Street 1: 12601 Mulholland Dr.
Street 2:
*City: Beverly Hills
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90210-1332

e. Organizational Unit:

Department Name: Education Department

Division Name:

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

Prefix: Ms.
*First Name: Dede
Middle Name:
*Last Name: Devlin
Suffix:

Title: Grants Manager

Organizational Affiliation: TreePeople

*Telephone Number: (818) 623-4888

Fax Number: (818) 753-4635

*Email: ddevlin@treepeople.org

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: Hon. Howard L. Berman, CA 28th *b. Program/Project: Hon Maxine Waters, CA 35th

17. Proposed Project:
*a. Start Date: * June 2012 b. End Date: June 2013

18. Estimated Funding ($):

*a. Federal: $24,338
*b. Applicant: $6,000
*c. State:
*d. Local
*e. Other
*f. Program Income
*g. TOTAL: $31,238

***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 February 29, 2012.

☐ 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: Tom
Middle Name:
*Last Name: Hansen
Suffix:

*Title: Executive Director

*Telephone Number: (818) 623-4850 | Fax Number: (818) 753-3546

* Email: thansen@treepeople.org

*Signature of Authorized Representative: | *Date Signed: February 29, 2012

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	

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

5. APPLICANT INFORMATION

Legal Name: Palo Verde County Water District
Organizational DUNS: 168972420
Address:
Street: 1065 Desert View Road
City: Palo Verde
County: Imperial
State: CA
Zip Code: 92266
Country:

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: David
Middle Name: Benjamin
Last Name: Dale
Suffix:
Email: ddale@dceinc.pro
Phone Number (give area code): 760/545-0162
Fax Number (give area code): 760/545-0165

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139572

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Wastewater collection and wastewater treatment plant

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

13. PROPOSED PROJECT
Start Date:
Ending Date:

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District 51
b. Project: District 51

15. ESTIMATED FUNDING:

a. Federal	$ 5,525,560 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 5,525,560 .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: David
Middle Name:
Last Name: McLaughlin
Suffix:
b. Title: Board President
c. Telephone Number (give area code): 760/854-3519
d. Signature of Authorized Representative: D McLaughlin
e. Date Signed: 2/21/12

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction; Pre-application ☐ Construction ☒ Non-Construction	2. DATE SUBMITTED 3-5-2012	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Selma	Organizational Unit:
Organizational DUNS: 004940805	Department: Administration
Address: Street: 1710 Tucker Street	Division:
City: Selma	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Fresno	Prefix: Ms. First Name: Roseann
State: CA Zip Code 93662	Middle Name
Country: USA	Last Name Galvan
	Suffix:
	Email: roseanng@cityofselma.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000431	Phone Number (give area code) (559)891-2200 Fax Number (give area code) (559) 896-1068

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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)

Other (specify) C

9. NAME OF FEDERAL AGENCY: USDA Rural Development

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The City of Selma is building a new community facility. The funds are already committed for equipment. This grant would complete funding for tables and chairs.

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

13. PROPOSED PROJECT

Start Date: 05-01-2012 Ending Date: 12-31-2012

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 20

15. ESTIMATED FUNDING:

a. Federal	$ 30,000 .00
b. Applicant	$ 300,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 330,000 .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: 03/05/2012

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 D-B	Middle Name
Last Name Heusser		Suffix -
b. Title City Manager		c. Telephone Number (give area code) (559) 891-2200
d. Signature of Authorized Representative D-B Heusser		e. Date Signed March 5, 2012

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
	0607-1555

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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: Accsolarate, LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
4 5 4 5 4 2 2 9 6	078398982

d. Address:

* Street1: 1990 Adele Place
Street2:
* City: San Jose
County: Santa Clara
* State: CA
Province:
* Country: United States
* Zip / Postal Code: 95125

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mr. * First Name: Jeffrey
Middle Name: Michael
* Last Name: Tablak
Suffix:

Title: CEO

Organizational Affiliation:

* Telephone Number: (408) 313-8451	Fax Number: (408) 503-0873

* Email: jtablak@accsolarate.com

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Small Business

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000607

* Title:

SunShot Incubator Program - Soft Cost Reduction

13. Competition Identification Number:

Title:

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

State of California

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

Solar AE - Innovative Solar Financing

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-16
* b. Program/Project: CA-All

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

17. Proposed Project:

* a. Start Date: 06/01/2012
* b. End Date: 05/31/2013

18. Estimated Funding ($):

* a. Federal	500,000.00
* b. Applicant	125,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	625,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/28/2012.

[ ] 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

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:	Jeffrey
Middle Name:	Michael
* Last Name:	Tablak
Suffix:	
* Title:	CEO
* Telephone Number:	(408) 313-8451
Fax Number:	(408) 503-0873
* Email:	jtablak@accsolarate.com
* Signature of Authorized Representative:	
* Date Signed:	2/28/2012

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED January 23, 2012	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: Town of Mammoth Lakes

Organizational DUNS: 144603339

Address:
Street: 1300 Airport Road
City: Mammoth Lakes
County: Mono
State: California
Zip Code: 93546
Country: USA

Organizational Unit:
Department: ~~Public Works~~ Airport
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: William
Middle Name: B.
Last Name: Manning
Suffix:
Email: wmanning@ci.mammoth-lakes.ca.us
Phone Number (give area code): 760-934-3813
Fax Number (give area code): 760-934-3119

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0043067

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)
D - Township
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:
Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reimbursement for Debt Service - Temporary Terminal Facilities

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Town of Mammoth Lakes, California

13. PROPOSED PROJECT
Start Date: 2012
Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 4th
b. Project: 4th

15. ESTIMATED FUNDING:

a. Federal	$ 775,000.00
b. Applicant	$ 66,111.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 861,111.00

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 30, 2012
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: William
Middle Name: B.
Last Name: Manning
Suffix:
b. Title: Airport Manager
c. Telephone Number (give area code): (760) 934-3813
d. Signature of Authorized Representative: [signature]
e. Date Signed: 7 Mar 12

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Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED January 23, 2012	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: Town of Mammoth Lakes

Organizational Unit:

Department: ~~Public Works~~ Airport

Organizational DUNS: 144603339

Division:

Address:

Street: 1300 Airport Road

City: Mammoth Lakes

County: Mono

State: California

Zip Code: 93546

Country: USA

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

Prefix: Mr. First Name: William

Middle Name: B.

Last Name: Manning

Suffix:

Email: wmanning@ci.mammoth-lakes.ca.us

Phone Number (give area code): 760-934-3813

Fax Number (give area code): 760-934-3119

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067

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)

D - Township

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:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California Environmental Assessment - Grade Runway Safety Area and Object Free Area; New Terminal, Airline Apron, Access Road, and Automobile Parking

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

13. PROPOSED PROJECT

Start Date: 2012

Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 4th

b. Project: 4th

15. ESTIMATED FUNDING:

a. Federal	$ 396,000.00
b. Applicant	$ 44,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 440,000.00

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 30, 2012

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: William Middle Name: B.

Last Name: Manning Suffix:

b. Title: Airport Manager

c. Telephone Number (give area code): (760) 934-3813

d. Signature of Authorized Representative

e. Date Signed: 7 Mar 12

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 8, 2012	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: Sacramento Suburban Water District

Organizational DUNS: 798624201

Address:
Street: 3701 Marconi Avenue, Suite 1000
City: Sacramento
County: Sacramento
State: CA
Zip Code: 95821-5346
Country: United States

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: Robert
Middle Name: John
Last Name: Swartz
Suffix:
Email: rswartz@rwah2o.org
Phone Number (give area code): 916-967-7692
Fax Number (give area code): 916-967-7322

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0002258

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:
Dept of Interior, Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-533
TITLE (Name of Program):
Bay-Delta Restoration Progam: CALFED Water Use Efficiency Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sacramento Regional Residential Water Meter Installation Project

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Sacramento city and county, West Sacramento, Yolo County

13. PROPOSED PROJECT
Start Date: October 1, 2012
Ending Date: September 30, 2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-003
b. Project: CA-001, CA-003, CA-005

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000
b. Applicant	$ 5,295,592
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 6,295,592

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, 2012
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: Robert
Middle Name:
Last Name: Roscoe
Suffix:
b. Title: General Manager
c. Telephone Number (give area code): 916-972-7171
d. Signature of Authorized Representative: Robert Roscoe
e. Date Signed: 3/8/12

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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: 3/6/12

Applicant 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: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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) _____

State Chartered Transit District

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 Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20509

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5309 Bus & Bus Facilities Livability Initiative Program – Patsaouras Plaza Busway Station, CA-04-0233

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
4/1/2012	06/30/2014	District 34	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	9,679,000.00
b Applicant	$	.00
c State	$	.00
d Local	$	5,624,000 .00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	15,303,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 03/7/12
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 Typed Name of Authorized Representative	b Title	c Telephone number
RICHARD CHRISTIE	Transportation Planning Manager	(213) 922-6022

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	03/06/12

Previous Editions Not Usable

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)

*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: Metropolitan Water District of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

*c. Organizational DUNS: 06-389-2975

d. Address:

*Street1: 700 North Alameda Street
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: U.S.A.
*Zip/ Postal Code: 90012

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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: Andrew
Middle Name:
*Last Name: Hui
Suffix:

Title: Manager, Regional Supply Unit

Organizational Affiliation:

*Telephone Number: (213) 217-6557

Fax Number: (213) 217-6119

*Email:

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: D. Special District Government

Type of Applicant 2: Select Applicant Type: E. Regional Organization

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

*Other (specify):

*10. Name of Federal Agency:
Department of the Interior, Bureau of Reclamation , Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:
15.533

CFDA Title:

*12. Funding Opportunity Number: R12AF20002

*Title: Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants Fiscal Year 2012

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura Counties

*15. Descriptive Title of Applicant's Project:
Recycled Water Retrofit Program

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-023 through CA-053

*b. Program/Project: CA-023 through CA-053

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

17. Proposed Project:

*a. Start Date: October 2012

*b. End Date: September 2014

18. Estimated Funding ($):

*a. Federal	$1,000,000.00
*b. Applicant	$5,000,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$6,000,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-9-2012

☐ 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: Jeffrey

Middle Name:

*Last Name: Kightlinger

Suffix:

*Title: General Manager

*Telephone Number: (213) 217-6211

Fax Number:

*Email: jkightlinger@mwdh2o.com

*Signature of Authorized Representative: Jeff Kightlinger

Date Signed: 3/8/12

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)

*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: Metropolitan Water District of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

*c. Organizational DUNS: 06-389-2975

d. Address:

*Street1: 700 North Alameda Street
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: U.S.A.
*Zip/ Postal Code: 90012

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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: Andrew
Middle Name:
*Last Name: Hui
Suffix:

Title: Manager, Regional Supply Unit

Organizational Affiliation:

*Telephone Number: (213) 217-6557

Fax Number: (213) 217-6119

*Email:

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: D. Special District Government

Type of Applicant 2: Select Applicant Type: E. Regional Organization

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

*Other (specify):

*10. Name of Federal Agency:
Department of the Interior, Bureau of Reclamation , Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:
15.533

CFDA Title:

*12. Funding Opportunity Number: R12AF20002

*Title: Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants Fiscal Year 2012

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura Counties

*15. Descriptive Title of Applicant's Project:
Sprinkler Nozzle Incentive Program

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-023 through CA-053

*b. Program/Project: CA-023 through CA-053

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

17. Proposed Project:

*a. Start Date: October 2012

*b. End Date: September 2014

18. Estimated Funding ($):

*a. Federal	$500,000.00
*b. Applicant	$1,500,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$2,000,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-9-2012.
☐ 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: Jeffrey

Middle Name:

*Last Name: Kightlinger

Suffix:

*Title: General Manager

*Telephone Number: (213) 217-6211

Fax Number:

*Email: jkightlinger@mwdh2o.com

*Signature of Authorized Representative: Jeff Kightlinger

Date Signed: 3/8/12

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: February 14, 2012	Applicant Identifier
3. DATE RECEIVED BY STATE: 2-17-2012	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 5 53 6 308 95

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Strathmore Union Elementary School District

Organizational Unit: District Office

Address *(give city, county, State, and zip code)*: P O Box 247, Strathmore Ca 93267

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Merri Larson 559-568-1283

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77 – 0563828

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ – ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Technology for Classroom

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12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Strathmore, Tulare County, California

13. PROPOSED PROJECT

Start Date	Ending Date
2/15/12	6/30/12

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 21

b. Project: 21

15. ESTIMATED FUNDING:

a. Federal	$ 28125 30,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 9375 7,500.00
f. Program Income	$ ~~9375~~ .00
g. TOTAL	$ 37,500.00

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 _____

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: Shelly Long	b. Title: Superintendent	c. Telephone Number: (559) 568-1283
d. Signature of Authorized Representative: Shelly Long		e. Date Signed: 2/15/2012

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED January 23, 2012		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: Town of Mammoth Lakes

Organizational DUNS: 144603339

Address:
Street: 1300 Airport Road
City: Mammoth Lakes
County: Mono
State: California
Zip Code: 93546
Country: USA

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Organizational Unit:
Department: ~~Public Works~~ Airport
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: William
Middle Name: B.
Last Name: Manning
Suffix:
Email: wmanning@ci.mammoth-lakes.ca.us
Phone Number (give area code): 760-934-3813
Fax Number (give area code): 760-934-3119

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0043067

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)
D - Township
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:
Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California Environmental Assessment - Grade Runway Safety Area and Object Free Area; New Terminal, Airline Apron, Access Road, and Automobile Parking

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Town of Mammoth Lakes, California

13. PROPOSED PROJECT
Start Date: 2012
Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 4th
b. Project: 4th

15. ESTIMATED FUNDING:

a. Federal	$ 396,000.00
b. Applicant	$ 44,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 440,000.00

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 30, 2012
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: William Middle Name: B.
Last Name: Manning Suffix:
b. Title: Airport Manager
c. Telephone Number (give area code): (760) 934-3813
d. Signature of Authorized Representative:
e. Date Signed: 7 Mar 12

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED January 23, 2012	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: Town of Mammoth Lakes

Organizational DUNS: 144603339

Address:

Street: 1300 Airport Road

City: Mammoth Lakes

County: Mono

State: California

Zip Code 93546

Country: USA

Organizational Unit:

Department: ~~Public Works~~ Airport

Division:

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

Prefix: Mr. First Name: William

Middle Name B.

Last Name Manning

Suffix:

Email: wmanning@ci.mammoth-lakes.ca.us

Phone Number (give area code) 760-934-3813

Fax Number (give area code) 760-934-3119

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0043067

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)

D - Township

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:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California Reimbursement for Debt Service - Temporary Terminal Facilities

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

Town of Mammoth Lakes, California

13. PROPOSED PROJECT

Start Date: 2012 Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 4th b. Project 4th

15. ESTIMATED FUNDING:

a. Federal	$ 775,000.00
b. Applicant	$ 86,111.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 861,111.00

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 30, 2012

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 William	Middle Name B.
Last Name Manning		Suffix
b. Title Airport Manager		c. Telephone Number (give area code) (760) 934-3813
d. Signature of Authorized Representative		e. Date Signed 7 Mar 12

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: February 15, 2012

Applicant Identifier:

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Strathmore Union Elementary School District

Organizational Unit: District Office

Address (give city, county, State, and zip code): P O Box 247, Strathmore Ca 93267

Name and telephone number of person to be contacted on matters involving this application (give area code): Merri Larson 559-568-1283

RECEIVED
MAR 12 2012
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0563828

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ – ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ADA Van for special needs students

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

13. PROPOSED PROJECT

Start Date: 2/15/12 Ending Date: 6/30/12

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 21 b. Project: 21

15. ESTIMATED FUNDING:

a. Federal	$ 27,250 ~~30,000~~
b. Applicant	$
c. State	$
d. Local	$
e. Other	$ 9,750 ~~9,000~~
f. Program Income	$
g. TOTAL	$ 39,000

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. Type Name of Authorized Representative: Shelly Long

b. Title: Superintendent

c. Telephone Number: (559) 568-1283

d. Signature of Authorized Representative: Shelly Long

e. Date Signed: 2/15/12

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [ ] Application
- [ ] Plan
- [ ] Funding Request
- [x] Other

* Other (specify): Proposal-FTA-2012-005-TMP-BLIV

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify):

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

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

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier: 1690

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [x] No [ ] Explanation

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MAR 12 2012
STATE CLEARING HOUSE

7. APPLICANT INFORMATION:

*** a. Legal Name:** North County Transit District

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-300-9680

*** c. Organizational DUNS:** 020518361

d. Address:

* Street1: 810 Mission Avenue

Street2:

* City: Oceanside

County: San Diego

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92054

e. Organizational Unit:

Department Name: Finance

Division Name: Grants

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

Prefix: Ms.

* First Name: Heidi

Middle Name: L.

* Last Name: Rockey

Suffix:

Title: Grant Specialist

Organizational Affiliation: North County Transit District

* Telephone Number: 760-966-6560

Fax Number: 760-967-0941

* Email: hrockey@nctd.org

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

X: Other (specify)

* Other (specify):

Local Government - Public Transit Agency

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

San Diego

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-49

b. Program/Project: CA-49

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

Additonal_Congressional_Dist | Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 11/01/2012

b. End Date: 12/31/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 4,621,860.00

b. Match ($): 2,310,936.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/12/2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ Explanation

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

** I Agree ☒

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

Authorized Representative:

Prefix:	* First Name:
Mr.	Matthew

Middle Name: O.

* Last Name: Tucker

Suffix:	* Title:
	Executive Director

Organizational Affiliation: North County Transit District

* Telephone Number: 760-967-2867

* Fax Number: 760-433-0166

* Email: mtucker@nctd.org

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** Consolidate Application/Plan/Funding Request Explantion**

Opportunity Title: Bus and Bus Facilities Livability Initiative: Solicitation of Project Proposals
Offering Agency: DOT/Federal Transit Administration
CFDA Number: 20.500
CFDA Description: Federal Transit_Capital Investment Grants
Opportunity Number: FTA-2012-005-TPM-BLIV
Competition ID: FTA-2012-005-TPM-BLIV

This application for Federal Assistance includes the following:
SF424 Mandatory Form
Attachments
~SF424 Supplemental Form - Bus and Bus Facilities Program: Livability Initiative
~Congressional Districts (Additional)
~Certifications and Assurances
~Service Area Map
~Letter of Support
~Fleet Replacement Schedule
~Fleet Maintenance Costs
~Fleet Maintenance Plan
~Letter of Confirmation of Local Match

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: ☐ Application ☑ Construction ☐ Non-Construction / ☐ Pre-application ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED 11/3/11	Applicant Identifier 969926042
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier ?

5. APPLICANT INFORMATION

Legal Name: MARIPOSA PINES MUTUAL WATER CO
Organizational Unit: Department: MPMWC
Division:
Organizational DUNS: 969926042
Address:
Street: 7126 HITES COVE ROAD
City: MARIPOSA, CA.
County: MARIPOSA
State: CA Zip Code: 95338
Country: USA
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: SCOTT
Middle Name
Last Name: CUMMINGS
Suffix: N/A
Email: MARIPOSAPINESWATER@EARTHLINK.NET
Phone Number (give area code): (209) 742-5881 Fax Number (give area code): N/A

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2626712

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

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: N/A

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: REPAIR OF OLD, INFRASTRUCTURE

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

13. PROPOSED PROJECT
Start Date: 4/1/12 Ending Date: 6/1/12

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 19th b. Project 19th

15. ESTIMATED FUNDING: $ 30,000

a. Federal	$
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ $ 30,000

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: Mrs. First Name: CARMEL LOLANI Middle Name: M.
Last Name: LOZANO Suffix: N/A
b. Title: SECRETARY c. Telephone Number (give area code): (209) 742-5881
d. Signature of Authorized Representative: Carmel Lozano e. Date Signed: 11/2/11

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Prescribed by OMB Circular A-102

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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 March 2012	Applicant Identifier B-12-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		DUNS Number: 063-811-350	
		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) 07/01/2012	
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 - $4,515,076	$Additional HUD Grant(s) Leveraged - $0	Describe – N/A	
$Additional Federal Funds Leveraged - $0		$Additional State Funds Leveraged - $0	
$Locally Leveraged Funds - $527,192		$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) - $687,192			

Home Investment Partnerships Program		14.239 HOME Applicant Identifier - M-12-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 - $1,385,212	$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-12-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 - $412,767	$Additional HUD Grant(s) Leveraged - $0	Describe- N/A
$Additional Federal Funds Leveraged - $0		$Additional State Funds Leveraged - $0
$Locally Leveraged Funds - $392,129		$Grantee Funds Leveraged - $0
$Anticipated Program Income - $0		Other (Describe)- $0
Total Funds Leveraged for ESG-based Project(s) - $392,129		

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 11, 2011
		☐ 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		
Lorelei	H	Oviatt, AICP
Director	(661) 862-5050	(661) 862-5052 -FAX
loreleio@co.kern.ca.us	Grantee Website	Other Contact
Signature of Authorized Representative		Date Signed

I:\PLANNING\Con Plan 10-15\2012-13\AAPWorkingFile\HUD424_EO12372Ltrs\SF424 Year3.doc

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 15, 2012	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: City of Escondido

Organizational Unit:
Department: Utilities
Division: Construction and Engineering

Organizational DUNS: 078727211

Address:
Street: 1521 S. Hale Avenue
City: Escondido
County: San Diego
State: CA
Zip Code: 92029
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Craig
Middle Name
Last Name: Whittemore
Suffix:
Email: cwhittemore@escondido.org
Phone Number (give area code): (760) 839-4038
Fax Number (give area code): (760) 736-5168

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000708

7. TYPE OF APPLICANT: (See back of form for Application Types)
C. Municipal
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:
United States Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-533
TITLE (Name of Program):
Bay-Delta Restoration Water Use Efficiency Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Recycled Water Easterly Main Extension and Agricultural Reuse Project - Phase I

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Escondido, San Diego County, California

13. PROPOSED PROJECT
Start Date: January 2, 2012
Ending Date: April 4, 2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA-50
b. Project: CA-50

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000.00
b. Applicant	$ 3,932,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 4,932,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 3-13-2012
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: Clay
Middle Name
Last Name: Phillips
Suffix
b. Title: City Manager
c. Telephone Number (give area code): (760) 839-4631
d. Signature of Authorized Representative
e. Date Signed: 03-13-2012

********** -COMM. JOURNAL- ********** DATE MAR 13-2012 ***** TIME 16:30 ********

MODE = MEMORY TRANSMISSION START=MAR-13 16:29 END=MAR-13 16:30

FILE NO.=896

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	9	913105666461	002/002	00:00:41

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***** UF-8000 ********** -916 323 3018 - ***** - - *********

RMC
Water and Environment

Fax Transmittal

Date: 3/13/2012 **Number of Pages** (including cover): 2

To: Tu Office of Planning & Research **From:** Brian Dietrick

Fax Number: (916) 323-3018 **Reference:**

Subject: SPOC approval and stamp

Remarks:
Please return stamped copy of form.
Thank you.

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2400 Broadway, Suite 200 - Santa Monica, CA 90404 - ph:310.566.6450 fax:310.566.6461 - www.rmcwater.com

Fax Transmittal

RMC
Water and Environment

Date:	3/13/2012	**Number of Pages** (including cover):	2
To:	Tu Office of Planning & Research	**From:**	Brian Dietrick
Fax Number:	(916) 323-3018	**Reference:**	
Subject:	SPOC approval and stamp		

Remarks:
Please return stamped copy of form.
Thank you.

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Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 9, 2012		Applicant Identifier 3-06-0030
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: Mono County

Organizational Unit:
Department: Public Works
Division: Bryant Field Airport

Organizational DUNS: 08-612-9832

Address:
Street: P.O. Box 457
City: Bridgeport
County: Mono
State: California
Zip Code: 93517
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Garrett
Middle Name:
Last Name: Higerd
Suffix:
Email: ghigerd@mono.ca.gov
Phone Number (give area code): 760-932-5457
Fax Number (give area code): 760-932-5441

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005661

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:

Bryant Field, Bridgeport, Mono County, California
Engineering Design - R/W 16-34 Reconstruction (Upgrade Plans and Specs and Perform Prebid Consultation)
Reconstruct Runway 16-34 Including MIRL - Base Bid
Reconstruct Taxiway A, Construct Taxiway B Connector - Alt. #1

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

Bridgeport, Mono County, Eastern California

13. PROPOSED PROJECT

Start Date: 2012
Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 25th
b. Project: 25th

15. ESTIMATED FUNDING:

a. Federal	$ 2,196,900.00
b. Applicant	$ 189,178.00
c. State	$ 54,922.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 2,441,000.00

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 12, 2012

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: Garrett
Middle Name:
Last Name: Higerd
Suffix:

b. Title: Interim Assistant Director of Public Works

c. Telephone Number (give area code): (760) 932-5457

d. Signature of Authorized Representative: Garrett Higerd

e. Date Signed: 3/13/12

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

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 03/14/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Coastal Water Research Project

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2646053

* c. Organizational DUNS: 0772441350000

d. Address:

* Street1: 3535 Harbor Blvd., Suite 110
Street2:
* City: Costa Mesa
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92626-1437

e. Organizational Unit:

Department Name: Biology Department

Division Name:

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

Prefix: Dr.
* First Name: Eric
Middle Name: D.
* Last Name: Stein
Suffix:

Title: Principal Scientist

Organizational Affiliation:

* Telephone Number: 714-755-3233
Fax Number: 714-755-3299

* Email: erics@sccwrp.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-12

* Title:

FY12 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Development and Demonstration of an Approach for Assessing Net Wetland Change in California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 46
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: 09/03/2012
* b. End Date: 08/31/2015

18. Estimated Funding ($):

* a. Federal	349,728.00
* b. Applicant	116,576.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	466,304.00

*** 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 03/14/2012.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[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: Dr.
* First Name: Stephen
Middle Name:
* Last Name: Weisberg, Ph.D.
Suffix:

* Title: Executive Director

* Telephone Number: 714-755-3203
Fax Number: 714-755-3299

* Email: stevew@sccwrp.org

* Signature of Authorized Representative: Eric Stein
* Date Signed: 03/14/2012

Project Narrative File(s)

* Mandatory Project Narrative File Filename: SCCWRP-Assessing Net Wetland Change in CA.pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

OMB Number: 4040-0002
Expiration Date: 8/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**

- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**

- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** 07/27/2011

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes [ ] No [x] Explanation

7. APPLICANT INFORMATION:

*** a. Legal Name:** Long Beach Public Transportation Company

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-1086275

*** c. Organizational DUNS:** 050125194

d. Address:

* Street1: 1963 E. Anaheim Street

Street2:

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* City: Long Beach

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90801-0731

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.

* First Name: Karissa

Middle Name:

* Last Name: Selvester

Suffix:

Title: Government Relations Representative

Organizational Affiliation:

* Telephone Number: (562) 599-8534

Fax Number:

* Email: kselvester@lbtransit.com

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

LBT is seeking $1,738,800 from the FTAs SGR Initiative to fund its 2011 Bus Lift Replacement. This Project would replace 10 year old bus lifts that have been experienced frequent breakdowns and have impacted LBT's maintenance operations.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: 37

b. Program/Project:

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 09/05/2012

b. End Date: 09/05/2013

14. ESTIMATED FUNDING:

* a. Federal ($): 1,738,800.00

b. Match ($): 579,600.00

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/14/2012
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ Explanation

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

** I Agree ☒

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

Authorized Representative:

Prefix:	* First Name:
Mr.	Laurence

Middle Name: W.

* Last Name: Jackson

Suffix:	* Title:
	President & Chief Executive Officer

Organizational Affiliation:

* Telephone Number: (562) 591-8759

* Fax Number: (562) 218-1994

* Email: ljackson@lbtransit.com

* Signature of Authorized Representative: Miriam Castaneda

* Date Signed: 07/27/2011

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** Consolidate Application/Plan/Funding Request Explantion**

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** Applicant Federal Debt Delinquent Explanation**

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: 12-9706-2100-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104

*c. Organizational DUNS: 807-487-665

d. Address:

*Street 1: 1220 "N" Street

Street 2:

*City: Sacramento Place: 6400

County: Sacramento County: 067

*State: CA 06

Province:

*Country: USA GSA:3150

*Zip / Postal Code 95814

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e. Organizational Unit:

Department Name: California Department of Food and Agriculture

Division Name: Animal Health and Food Safety Services

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

Prefix:

*First Name: Victor

Middle Name:

*Last Name: Velez

Suffix:

Title: Research Program Specialist II

Organizational Affiliation:

*Telephone Number: 916-900-5047

Fax Number: 916-900-5333

*Email: victor.velez@cdfa.ca.gov

Application for Federal Assistance SF-424 Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025

CFDA Title:

Animal Disease Traceability

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

Animal Disease Traceability

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 05 *b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: April 1, 2012 *b. End Date: March 31, 2013

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: 916-403-6525 | Fax Number:

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Moore *Date Signed: 3/14/12

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: *5b. Federal Award Identifier: 12-9706-2095-CA

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104

*c. Organizational DUNS: 807-487-665

d. Address:

*Street 1: 1220 "N" Street
Street 2:
*City: Sacramento Place: 6400
County: Sacramento County: 067
*State: CA 06
Province:
*Country: USA GSA:3150
*Zip / Postal Code 95814

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e. Organizational Unit:

Department Name: California Department of Food and Agriculture

Division Name: Animal Health and Food Safety Services

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

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

Title: Supervising Veterinarian

Organizational Affiliation:

*Telephone Number: 916-900-5038 Fax Number: 916-900-5333

*Email: Anita.Edmondson@cdfa.ca.gov

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

Application for Federal Assistance SF-424 Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025

CFDA Title:

Cattle Health

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

Cattle Heatlh

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 05 *b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: April 1, 2012 *b. End Date: March 31, 2013

18. Estimated Funding ($):

*a. Federal	40,000
*b. Applicant	
*c. State	12,712
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	52,712

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: ____ *First Name: Kathy

Middle Name: ____

*Last Name: Alameda

Suffix: ____

*Title: Federal Funds Manager

*Telephone Number: 916-403-6525 | Fax Number:

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda *Date Signed: 3/14/12

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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

Application for Federal Assistance SF-424

* 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: 03/15/2012

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: Southern California Coastal Water Research Project

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2646053

* c. Organizational DUNS: 0772441350000

d. Address:

* Street1: 3535 Harbor Blvd, Suite 110
Street2:
* City: Costa Mesa
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92626-1437

e. Organizational Unit:

Department Name: Biogeochemistry

Division Name:

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

Prefix: Dr.
* First Name: Meredith
Middle Name: Dana
* Last Name: Howard
Suffix:

Title: Research Scientist

Organizational Affiliation: Southern California Coastal Water Research Project

* Telephone Number: 714-755-3263
Fax Number:

* Email: mhoward@sccwrp.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-12

* Title:

FY12 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Developing Tools to Manage Cyanobacteria in California Depressional Wetlands

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-046
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: 08/01/2012
* b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	349,729.00
* b. Applicant	116,576.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	466,305.00

*** 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 03/15/2012.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[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: Dr.
* First Name: Stephen
Middle Name:
* Last Name: Weisberg
Suffix:

* Title: Executive Director

* Telephone Number: 714-755-3203
Fax Number:

* Email: stevew@sccwrp.org

* Signature of Authorized Representative: Meredith Howard
* Date Signed: 03/15/2012

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 9, 2012		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: Town of Mammoth Lakes

Organizational DUNS: 144603339

Address:
Street: 1300 Airport Road
City: Mammoth Lakes
County: Mono
State: California
Zip Code: 93546
Country: USA

Organizational Unit:
Department: ~~Public Works~~ Airport
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: William
Middle Name: B.
Last Name: Manning
Suffix:
Email: wmanning@ci.mammoth-lakes.ca.us
Phone Number (give area code): 760-934-3813
Fax Number (give area code): 760-934-3119

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0043067

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)
D - Township
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:
Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California
Reimbursement for Debt Service - Temporary Terminal Facilities

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Town of Mammoth Lakes, California

13. PROPOSED PROJECT
Start Date: 2012
Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 4th
b. Project: 4th

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000 .00
b. Applicant	$ 111,111 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,111,111 .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 12, 2012
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: William
Middle Name: B.
Last Name: Manning
Suffix:
b. Title: Airport Manager
c. Telephone Number (give area code): (760) 934-3813
d. Signature of Authorized Representative: [signature]
e. Date Signed: 12 MAR 12

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

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Jose State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 770414438

* c. Organizational DUNS: 0505208400000

d. Address:

* Street1: One Washington Square
Street2:
* City: San Jose
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95192-0001

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e. Organizational Unit:

Department Name: San Jose State University

Division Name: Graduate Studies and Research

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

Prefix: Dr.
* First Name: Pamela
Middle Name:
* Last Name: Stacks
Suffix:

Title: AVP Graduate Studies and Research

Organizational Affiliation: San Jose State University

* Telephone Number: 408-924-1429
Fax Number:

* Email: pamela.stacks@sjsu.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-12

* Title:

FY12 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Development of New Tools to Assess Riparian Extent and Condition-A Central Coast Pilot Study

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-016
b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	349,567.00
* b. Applicant	180,334.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	529,901.00

*** 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 03/15/2012.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [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: Pamela
Middle Name:
* Last Name: Stacks
Suffix:

* Title: AVP Graduate Studies and Research

* Telephone Number: 408-924-1428
Fax Number: 408-924-1496

* Email: foundation-osp@sjsu.edu

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