

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/16/05	Applicant Identifier N/A
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

5. APPLICANT INFORMATION

Legal Name: Lakewood, City of	Organizational Unit: Los Angeles County Sheriff's Department
Organizational DUNS: 076943638	Division: Lakewood Station
Address (give city, county, state, and zip code): 5130 Clark Avenue Lakewood, CA 90712	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Sandi Ruyle Phone: (562) 866-9771 / Fax: (562) 866-0505

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956005417

8. TYPE OF APPLICATION:

New Continuation Revision

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

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

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

9. NAME OF FEDERAL AGENCY:

**Department of Justice
 Office of Community Oriented Policing Services**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 6 . 7 1 0

TITLE: **2005 Technology Initiative**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

COPS 2005 Technology Program

12. AREAS AFFECTED BY PROJECT (cities, counties or areas etc.):
 Lakewood, Artesia, Bellflower, Hawaiian Gardens, Paramount & the County of Los Angeles

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICTS OF:

Start Date 12/08/2004	Ending Date 12/07/2005	a. Applicant 39 TH Congressional District	b. Project 39 TH Congressional District
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15. ESTIMATED FUNDING:

a. Federal	\$	197329.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

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

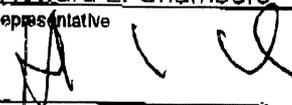
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 3/22/05

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes No If "Yes," attach an explanation.

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 Howard L. Chambers	b. Title City Manager	c. Telephone number (562) 866-9771
d. Signature of Authorized Representative 		e. Date Signed 3/21/05

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MAR 31 2005

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3/29/05	Applicant Identifier
		3. DATE RECEIVED BY STATE 3/30/05	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 3/30/05	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: University of Southern California

Organizational DUNS: 072933393

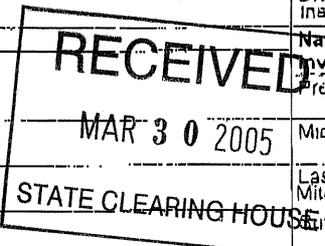
Address: University Campus, City: Los Angeles, County: Los Angeles, State: CA, Zip Code: 90089-0626

Country: USA

Organizational Unit: Department: School of Policy, Planning, and Development; Division: Institute for Civic Enterprise

Name and telephone number of person to be contacted on matters involving this application (give area code):
 Prefix: Middle Name: Last Name: Mitchell; Suffix: First Name: Leonard

Email: mitchell@usc.edu
 Phone Number (give area code): (213) 740-1487
 Fax Number (give area code): (213) 740-0373



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-1642394

7. TYPE OF APPLICANT: (See back of form for Application Types)
 New Continuation Revision
 J. Private University
 Other (specify):

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

9. NAME OF FEDERAL AGENCY:
 Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 11-303

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 University Center Program for Economic Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

13. PROPOSED PROJECT
 Start Date: 05/01/2005 Ending Date: 04/30/2006

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant District 32 b. Project Districts 20-52

15. ESTIMATED FUNDING:

a. Federal	\$	110,000.00
b. Applicant	\$	78,927.00
c. State	\$	0.00
d. Local City of Compton	\$	39,918.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	228,845.00

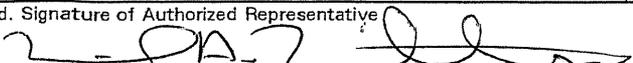
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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: Middle Name: Last Name: Suffix: Title: CONTACTS & GRANTS X07762
 c. Telephone Number (give area code):
 d. Signature of Authorized Representative: e. Date Signed: 3/29/05

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	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 SANGER		Organizational Unit:											
Address (give city, county, state, and zip code): 1700 7th Street Sanger, CA 93657		Name and telephone number of person to be contacted on matters involving this application (give area code) MICHAEL ISAAK (559) 875-6568 DAVE CARVER (559) 875-6568											
6. EMPLOYER IDENTIFICATION (EIN): <table border="1" style="width:100%; text-align:center;"> <tr><td>9</td><td>4</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>4</td><td>2</td><td>5</td></tr> </table>		9	4	-	6	0	0	0	4	2	5	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
9	4	-	6	0	0	0	4	2	5				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA-RD											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align:center;"> <tr><td>1</td><td>0</td><td>-</td><td>7</td><td>6</td><td>6</td></tr> </table> TITLE:		1	0	-	7	6	6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE OF NEW FIRE ENGINE					
1	0	-	7	6	6								
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) CITY OF SANGER													
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:											
Start Date	Ending Date	a. Applicant	b. Project										
		20 COSTA	20 COSTA										
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?											
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3-15-05</u>											
b. Applicant	\$ 84,000 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372											
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
d. Local	\$ 156,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO											
e. Other	\$.00												
f. Program Income	\$.00												
g. Total	\$ 240,000 .00												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.													
a. Type Name of Authorized Representative MIKE MONTELONGO		b. Title MAYOR	c. Telephone Number (559) 875-6568										
d. Signature of Authorized Representative 		e. Date Signed 3/15/05											

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APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/13/2004	APPLICANT IDENTIFIER Christopher M. Lovel.
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Christopher M Lovelace		Organizational Unit: Top of the line Hardwood Floors	
Address (give city, county, State, and zip code): 7211 Capobella Aliso Viejo California 92656 Orange		Name and telephone number of person to be contacted on matters involving this application (give area code) 949-233-5415	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-7822572		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> M	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
		9. NAME OF FEDERAL AGENCY: SMALL BUSINESS ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-009 TITLE: Procurement Assistance to Small Businesses		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install flooring in new construction building. Such as carpet, tile and hardwood floors. Most material will be bought in baulk, so a warehouse will be needed. Along with the proper equipment, transportation and employees to run the project.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All of central and southern California		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED MAR 28 2005 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 1/10/2005	Ending Date 1/13/2035	14. CONGRESSIONAL DISTRICTS OF:	
		a. Applicant California	b. Project California
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/13/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$ 15,000		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 90,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
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 Christopher M Lovelace		b. Title Owner	c. Telephone Number 949-233-5415
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/13/2004	APPLICANT IDENTIFIER Christopher M. Lovel.
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Christopher M Lovelace		Organizational Unit: Top of the line Hardwood Floors	
Address (give city, county, State, and zip code): 7211 Capobella Aliso Viejo California 92656 Orange		Name and telephone number of person to be contacted on matters involving this application (give area code) 949-233-5415	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-7822572		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> M	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-012 TITLE: Small Business Loans		9. NAME OF FEDERAL AGENCY: SMALL BUSINESS ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All of central and southern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install flooring in new construction building. Such as carpet, tile and hardwood floors. Most material will be bought in bulk, so a warehouse will be needed. Along with the proper equipment, transportation and employees to run the project.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/10/2005	Ending Date 1/13/2035	a. Applicant California	b. Project California
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/13/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$ 15,000		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 90,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
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 Christopher M Lovelace		b. Title Owner	c. Telephone Number 949-233-5415
d. Signature of Authorized Representative		e. Date Signed	

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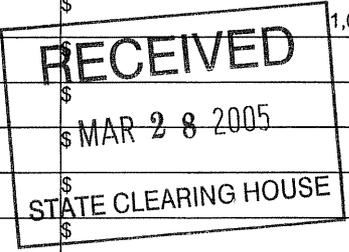
APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/13/2004	APPLICANT IDENTIFIER Christopher M Lovel.
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Christopher M Lovelace		Organizational Unit: Top of the line Hardwood Floors	
Address (give city, county, State, and zip code): 7211 Capobella Aliso Viejo California 92656 Orange		Name and telephone number of person to be contacted on matters involving this application (give area code) 949-233-5415	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-7822572		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> M	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-005 TITLE: Business Development Assistance to Small Business		9. NAME OF FEDERAL AGENCY: SMALL BUSINESS ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All of central and southern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install flooring in new construction building. Such as carpet, tile and hardwood floors. Most material will be bought in baulk, so a warehouse will be needed. Along with the proper equipment, transportation and employees to run the project.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/10/2005	Ending Date 1/13/2035	a. Applicant California	b. Project California
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/13/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$ 15,000		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 90,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
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 Christopher M Lovelace		b. Title Owner	c. Telephone Number 949-233-5415
d. Signature of Authorized Representative		e. Date Signed	

RECEIVED
MAR 28 2005
STATE CLEARING HOUSE

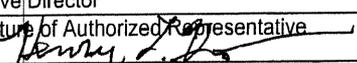
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION					
Legal Name: County of Riverside			Organizational Unit: Department: Economic Development Agency		
Organizational DUNS: 12982155			Division: County Service Area 122		
Address: Street: 44-199 Monroe Street, Suite B			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Mary		
City: Indio			Middle Name H.		
County: Riverside			Last Name Thiery		
State: CA		Zip Code 92201		Suffix:	
Country: USA			Email: mthiery@rivcoeda.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000930			Phone Number (give area code) 760/863-2552		Fax Number (give area code) 760/863-2551
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770 TITLE (Name of Program): Section 306C Water and Waste Disposal Loans/Grants			9. NAME OF FEDERAL AGENCY: United States Department of Agriculture Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Riverside, County Service Area 122-Mesa Verde			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mesa Verde Water Distribution System Project		
13. PROPOSED PROJECT Start Date: 6/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44th		
Ending Date: 5/30/06			b. Project 44th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,000,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE: 3/28/05		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	1,000,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name John		Middle Name		
Last Name Thurman		Suffix			
b. Title Regional Manager		c. Telephone Number (give area code) 760/863-2552			
d. Signature of Authorized Representative <i>John Thurman</i>		e. Date Signed 3/23/05			



**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 18, 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Association of Bay Area Governments		Organizational Unit: Department: San Francisco Estuary Project	
Organizational DUNS: 07-907-3920		Division:	
Address: Street: P. O. Box 2050 City: Oakland County: Alameda State: CA Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Marcia Middle Name L. Last Name Brockbank Suffix:	
Zip Code 94604-2050		Email: mbrockbank@waterboards.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2832478		Phone Number (give area code) 510-622-2325	Fax Number (give area code) 510-622-2501
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N - Local Government Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 6-10; 12-14; 17; 23-24; 30; 36-37; 46 (9 Bay Area Counties)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wetland Project Tracker, Watershed Expansion	
13. PROPOSED PROJECT Start Date: 9/30/05 Ending Date: 12/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project See # 12 above	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 87,665 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/21/05	
b. Applicant	\$ 2,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 27,222 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 116,887 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Henry	Middle Name L.	Suffix
Last Name Gardner	b. Title Executive Director		c. Telephone Number (give area code) 510-464-7988
d. Signature of Authorized Representative 		e. Date Signed 3/21/05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Association of Bay Area Governments	Organizational Unit: Department: San Francisco Estuary Project
Organizational DUNS: 07-907-3920	Division:
Address: Street: P.O. Box 2050 City: Oakland County: Alameda	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Marcia Middle Name: L. Last Name: Brockbank Suffix:
State: CA Zip Code: 94604-2050	Email: mbrockbank@waterboards.ca.gov
Country: USA	Phone Number (give area code): 510-622-2325 Fax Number (give area code): 510-622-2501

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

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. Local Government
Other (specify)

9. NAME OF FEDERAL AGENCY:
US Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[6][6]-[4][6][1]

TITLE (Name of Program):
Wetland Program Development Grants

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
RWQCB 1 and 2 - Cong. Dist. 1; 6-10; 12-14; 17; 23-24; 30; 36-37; 46

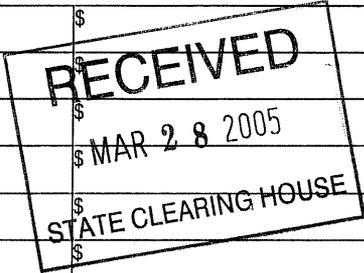
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Stream and Wetlands Protection Policy

13. PROPOSED PROJECT
Start Date: 7/2005 Ending Date: 10/2007

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 9 b. Project: See # 12 above

15. ESTIMATED FUNDING:

a. Federal	\$	159,984 ⁰⁰	<p>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/21/05</p> <p>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p> <p>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No</p>
b. Applicant	\$	32,985 ⁰⁰	
c. State	\$	58,300 ⁰⁰	
d. Local	\$	⁰⁰	
e. Other	\$	⁰⁰	
f. Program Income	\$	⁰⁰	
g. TOTAL	\$	251,269 ⁰⁰	



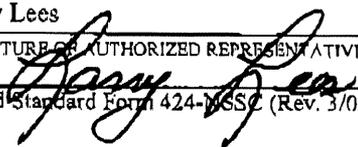
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Henry	Middle Name L.
Last Name Gardner		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 510-464-7988
d. Signature of Authorized Representative <i>Henry L. Gardner</i>		e. Date Signed 3/21/05

PART I – FACESHEET

OMB No. 3045-0035 Expiration Date 3/31/05

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): March 23, 2005		3. a. DATE RECEIVED BY STATE: 3.b. STATE APPLICATION IDENTIFIER:	
		4. a. DATE RECEIVED BY CNCS: 4.b. CNCS GRANT NUMBER: 04SRPCA006	
5. APPLICANT INFORMATION			
LEGAL NAME: Shasta County Community Action Agency ORGANIZATIONAL UNIT: Shasta and Tehama Counties RSVP ADDRESS (give street address, city, county, state and zip code): Shasta County Administrative Center 1450 Court Street, Suite 108 Redding, CA 96001-1661		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Jessica A. Cunningham TELEPHONE NUMBER: (530) 225 - 5804 FAX NUMBER: (530) 225 - 5178 INTERNET E-MAIL ADDRESS: jcunningham@co.shasta.ca.us WEBSITE: http://tsvponline.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 3 5		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award: <input type="checkbox"/> B. Decrease Award: <input type="checkbox"/> C. Increase Duration: <input type="checkbox"/> to _____ (enter date) D. Decrease Duration: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify): <input type="checkbox"/> _____		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: Community Action Agency/Community Action Program	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 4 0 0 2 Name of Program: <u>Retired and Senior Volunteer Program</u>		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): California Counties of Tehama and Shasta		11. a. TITLE OF APPLICANT'S PROJECT: Shasta/Tehama Counties RSVP	
13. PROPOSED PROJECT: START DATE: <u>Aug. 22, 2005</u> END DATE: <u>Aug. 21, 2006</u>		14. PERFORMANCE PERIOD: Start Date: _____ End Date: _____	
15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input checked="" type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 12,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>March 22, 2005</u>	
b. APPLICANT	\$ 3,643.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. STATE	\$		
d. LOCAL	\$ 1,500.00		
e. OTHER	\$		
f. TOTAL	\$ 17,143.00	19. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: <u>Larry Lees</u>		b. TITLE: <u>Director</u>	c. TELEPHONE NUMBER: <u>(530) 225-5160</u>
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: <u>3/23/05</u>	

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App # 05191

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program

Check here if Revised Form

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval 0660-0003

For PTFP Use

APPLICATION PART I

1. APPLICANT

Legal Name Pacifica Foundation dba KPFA Radio
 Organizational Unit KPFA Radio 94.1 FM in Berkeley
 Mailing Address (line 1) 1929 Martin Luther King Jr. Way
 Address (line 2 if required) _____
 City Berkeley State CA County Alameda Zip 94704-

2. Employer ID # (EIN) 94-1347046

3. DUNS # 08-918-6365

Main Station Call Letters KPFA FM 94.1
 Radio MHz TV Channel

4. Administrative Contact

E-mail development@kpfa.org

Mr., Ms., Dr. First Name Ms. Lemlem M. I. _____ Last Name Rijio Jr. etc _____ Position Development Director

Phone # (510) 848-6767 ext. 255

Fax # (510) 848-5665

5. Engineering Contact

Full Name Mr. Michael Yoshida
 Title Operations Director

Engineer Phone (510) 848-6767

E-mail engineering@kpfa.org

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 MAR 25 2005
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PROJECT INFORMATION

6a. Enter "Y" if Reactivation N

6b. Old File # _____

7. Enter "Y" if new FCC authorizations are required N

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

9. Enter letter(s) to classify project

(P)lanning or (C)onstruction P

(R)adio or (T)V or (RT) for both R

(B)roadcast or (N)onbroadcast or (BN) for both B

10. Length of Project (# of months) 12

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

Enter the population in the appropriate column

NEW BROADCAST facility; repeater; translator	<input checked="" type="checkbox"/> REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
--	--	--	--------------------------------------

Population Currently Served by station	<u>1,000,000</u>		
First Service added by NEW proposed facility	<u>0</u>		
ADDED SERVICE to those covered by others	<u>1,000,000</u>		

12. Single Congressional District of Applicant 9

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

5, 6, 7, 23

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 31,758 ~~31,000~~
 b. Applicant Share \$ 10,586 ~~11,000~~
 c. TOTAL \$ 42,344 ~~42,000~~
 d. Fed. % of eligible costs 73.81 %

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

YES This application was made available to the State EO 12372 process for review on 11
 NO Program is not covered by EO 12372
 or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?

NO
Enter YES or NO. If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

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

Phone # (510) 848-6767

Mr., Ms., Dr. First Name Mr. Roy M. I. _____ Last Name Campanella II Jr. etc _____ Position General Manager

Signature of authorized representative

Roy Campanella II

Date signed

2/28/05

Authorized for Local Reproduction

lemlem

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

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

KPFA Radio seeks funding assistance 1. To supplement our Ku band satellite system to provide national programs to smaller non-commercial stations that do not qualify for NPR s satellite interconnection; and 2. To enhance local program production here at KPFA, we would like to extend the ENCO DADpro32 system to our on-air, main production and news control rooms.

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

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

M

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	20	40		
Part-Time Staff	49	10		
Volunteers	100	5		
Operating Budget	\$ 4,451,606		\$	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

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

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

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

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

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

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

23. (Yes) No
(circle one)

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

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

City	Call Letters
San Mateo, CA	91.1
City	Call Letters
San Francisco, CA	88.5
City	Call Letters
San Francisco, CA	97.1

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

Rural New York, Texas, North Carolina, California

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

SEE ATTACHED

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED March 21, 2005	Applicant Identifier CAST-21
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: San Francisco Bay Conservation and Development Commission			Organizational Unit: Department:	
Organizational DUNS: 808322424			Division:	
Address: Street: 50 California Street, Suite 2600			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Caitlin Middle Name: Last Name: Sweeney Suffix:	
City: San Francisco				
County: San Francisco				
State: CA		Zip Code 94111		
Country: USA			Email: caillins@bcdc.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 92-2909043			Phone Number (give area code) 415-352-3643	Fax Number (give area code) 415-352-3600
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) A	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): EPA Wetlands Program Development Grant 66-461			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Update of the San Francisco Bay Plan and Suisun Marsh Protection Plan managed wetland findings, policies and map designations.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nine County San Francisco Bay Area			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8th b. Project 1, 6, 7, 8, 9, 10, 12, 13, 14, 15	
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: June 30, 2007			15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 21, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	90,645		
b. Applicant	\$	37,348		
c. State	\$	0		
d. Local	\$	0		
e. Other	\$	0		
f. Program Income	\$	0		
g. TOTAL	\$	127,993		
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 Will		Middle Name	
Last Name Travis			Suffix	
b. Title Executive Director			c. Telephone Number (give area code) 415-352-3653	
d. Signature of Authorized Representative			e. Date Signed March 21, 2005	

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 MAR 21 2005
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: State of California			Organizational Unit: Department: California Department of Fish and Game	
Organizational DUNS:			Division: Fisheries Management, Region One	
Address: Street: 601 Locust Street City: Redding, CA 96001 County: Shasta State: California Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Randal Middle Name: Last Name: Benthin Suffix: Email: rbenthin@dfg.ca.gov	
Zip Code: 96001			STAFF CLEARING HOUSE	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Phone Number (give area code) (530) 225-2372	Fax Number (give area code) (530) 225-2381
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 15-605			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta and Tehama Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Sacramento River Winter Chinook Carcass Survey	
13. PROPOSED PROJECT Start Date: 04/01/2005 Ending Date: 12/31/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project 2nd District	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	44,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/21/2005	
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	44,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	Mr.	First Name	Donald	Middle Name
Last Name	Koch			Suffix
b. Title	Regional Manager			c. Telephone Number (give area code) (530) 225-2363
d. Signature of Authorized Representative				e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier R021438

5. APPLICANT INFORMATION

Legal Name: State of California	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">MAR 21 2005</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit:
Organizational DUNS: 002540768		Department:
Address: Street: 1516 Ninth Street MS-1		Division: California Energy Commission
City: Sacramento		Name and telephone number of the person to be contacted on matters involving this application (give area code)
County: Sacramento	Prefix: Mr. First Name: John	Middle Name:
State: CA Zip Code: 95814-5512		Last Name: Butler
Country:		Suffix:
		Email:

6. EMPLOYER IDENTIFICATION/DUNS NUMBER (EIN): 680364962	Phone Number (give area code): (916)654-4204	Fax Number (give area code): () -
--	---	---------------------------------------

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es). (See SF424 instructions for description of letters.)	7. TYPE OF APPLICANT: (see SF424 instructions for Application Types) <input checked="" type="checkbox"/> State Government (State) Other (specify):
--	--

Other (specify):	9. NAME OF FEDERAL AGENCY: U. S. Department of Energy
------------------	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): STATE ENERGY PROGRAM 81.041	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
---	---

12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) Statewide	
--	--

13. PROPOSED PROJECT: Start Date 07/01/2005 Ending Date 06/30/2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 05 b. Project Statewide
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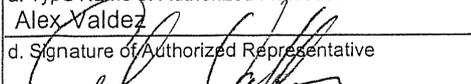
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal 2,953,000.00	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03/21/2005
b. Applicant 590,600.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State (incl. PVE) 2,511,312.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local 0.00	
e. Other 0.00	
f. Program Income 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL 6,054,912.00	

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

a. Authorized Representative		
Prefix	First Name	Middle Name
Last Name		SUFFIX
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED March 15, 2005	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: I-5 Social Services Corp		Organizational Unit: Non Profit	
Address (give city, county, State, and zip code): 4491 W Shaw Ave Suite 100 Fresno CA 93722		Name and telephone number of person to be contacted on matters involving this application (give area code) Alex Valdez or Dr. Reed Lar 559 275-7133	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0486332		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u> <input checked="" type="checkbox"/>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Area of Del Rey and surrounding area		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Furnish Child Development Center	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 19 Radanovich	b. Project 20 Costa & 21 Nunes
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 31,600 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 60,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$	a. Type Name of Authorized Representative Alex Valdez	
g. TOTAL	\$ 91,600 ⁰⁰	b. Title Executive Director	
		c. Telephone Number (559) 275-7133	
		d. Signature of Authorized Representative 	
		e. Date Signed 3-15-05	

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 MAR 21 2005
 STATE CLEARING HOUSE

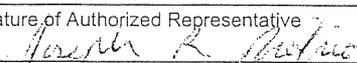
**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED March 15, 2005	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: I-5 Social Services Corp		Organizational Unit: Non Profit	
Address (give city, county, State, and zip code): 4491 W Shaw Ave Suite 100 Fresno CA 93722		Name and telephone number of person to be contacted on matters involving this application (give area code) Alex Valdez or Dr. Reed Lar 559 275-7133	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77 - 0486332		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ Non Profit	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh and surrounding area		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Furnish Child Development Center	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 19 Radanovich	b. Project 20 Costa
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 40,860 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ STATE CLEARING HOUSE	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 60,000 ⁰⁰		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 100,860 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Alex Valdez		b. Title Executive Director	c. Telephone Number (559) 275-7133
d. Signature of Authorized Representative 		e. Date Signed 3-15-05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

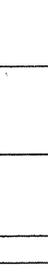
OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Mendota		Organizational Unit: City	
Address (give city, county, State, and zip code): 643 Quince St Mendota, CA 93640		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 21 2005 </div>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000309 </div> STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; padding: 2px;"> 1 0 - 7 6 6 </div> TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Police Protection Equipment	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Mendota			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
		20 - Costa	20 - Costa
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 21,780 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3/17/05</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 17,820 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 39,600 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joseph Riofrio		b. Title Mayor	c. Telephone Number (559) 655-3291
d. Signature of Authorized Representative 		e. Date Signed	

COPY

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2-15-05	Application Identifier										
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier											
5. APPLICATION INFORMATION		Legal Name Shasta County Farm Bureau		Organizational Unit California Not for Profit Corporation 501(c)5											
Address (give city, county, state, and zip code) PO Box 970 Palo Cedro, California 96073		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 21 2005 STATE CLEARING HOUSE </div>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Administrative Contact Mellisa Lockie, General Manager (530) 223 - 2358											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>6</td><td>8</td><td>—</td><td>0</td><td>8</td><td>5</td><td>8</td><td>3</td><td>7</td><td>7</td></tr> </table>				6	8	—	0	8	5	8	3	7	7	Technical Contact same	
6	8	—	0	8	5	8	3	7	7						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in boxes(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase D. Decrease Duration Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District		H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Non-profit Corporation</u>											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 7 6 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Office and meeting facility building construction "Shasta County Farm Bureau Office Construction"		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration											
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Shasta County, CA		13. PROPOSED PROJECT: Start Date March 2005 Ending Date September 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second District b. Project Second District											
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?													
a. Federal	\$ 250,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE February 15, 2005													
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372													
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW													
d. Local	\$ 230,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?													
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No													
f. Program Income	\$	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													
g. TOTAL	\$ 480,000	a. Typed Name of Authorized Representative Bill Wright		b. Title President											
		d. Signature of Authorized Representative 		c. Telephone number (530) 221 - 8100											
				e. Date Signed 2/19/05											

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 25, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Childrens Hospital Los Angeles		Organizational Unit:	
Address (give city, county, State, and zip code): 4650 Sunset Boulevard, MS# 97 Los Angeles, CA 90027		Name and telephone number of person to be contacted on matters involving this application (give area code) Kelvin Kelley (323) 669-2103	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 1 6 9 0 9 7 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development - California	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Childrens Hospital Los Angeles eHealth Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Woodlake, Lindsay, Cutler-Orosi, Tulare County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/05	Ending Date 6/30/07	a. Applicant 31	b. Project 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 220,000 ⁰⁰	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR 18 2005</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ 300,000 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 520,000 ⁰⁰		
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Sylvester 'Sac' Carreathers		b. Title Administrative Director	c. Telephone Number (323) 669-4110
d. Signature of Authorized Representative 		e. Date Signed 3/11/2005	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3-18-2005	Applicant Identifier _____ State Application Identifier _____ Federal Identifier _____																					
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY																					
5. APPLICANT INFORMATION																								
Legal Name: Southern California Coastal Water Research Project		Organizational Unit: Department: Watershed Department Division: N/A																						
Organizational DUNS: 077244135		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ First Name: Kenneth Middle Name: _____ Last Name: Schiff Suffix: _____																						
Address: Street: 7171 Fenwick Lane City: Westminster Orange County State: CA Zip Code: 92683 Country: U.S.A.		Email: Kems@sccwrp.org Phone Number (give area code): 714-372-9202 Fax Number (give area code): 714-394-9699																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2646053		7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> G - Special District <input type="checkbox"/> Other (specify) _____																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) _____		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Wetlands Protection Grants (State/Tribal/Local) 104 (b)(3) 66-461		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development a Model Wetlands Monitoring Program for California																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 46 b. Project: 1-52																						
13. PROPOSED PROJECT Start Date: September 15, 2005 Ending Date: February 28, 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3-18-05 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
<table border="1"> <tr><td>a. Federal</td><td>\$</td><td>200,000</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>67,000</td></tr> <tr><td>c. State</td><td>\$</td><td>0</td></tr> <tr><td>d. Local</td><td>\$</td><td>0</td></tr> <tr><td>e. Other</td><td>\$</td><td>0</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>0</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>267,000</td></tr> </table>		a. Federal	\$	200,000	b. Applicant	\$	67,000	c. State	\$	0	d. Local	\$	0	e. Other	\$	0	f. Program Income	\$	0	g. TOTAL	\$	267,000	19. 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. Federal	\$	200,000																						
b. Applicant	\$	67,000																						
c. State	\$	0																						
d. Local	\$	0																						
e. Other	\$	0																						
f. Program Income	\$	0																						
g. TOTAL	\$	267,000																						
a. Authorized Representative																								
Prefix: _____ First Name: Kenneth Last Name: Schiff Title: Executive Director <i>Deputy</i> Signature of Authorized Representative: <i>Kenneth Schiff</i>		Middle Name: _____ Suffix: _____ Telephone Number (give area code): 714-372-9202 Date Signed: 3-18-2005																						

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 03/18/2005 3. DATE RECEIVED BY STATE	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	--

5. APPLICANT INFORMATION

Legal Name: Bioengineering Institute Organizational DUNS: 067-435565 Address: Street: P.O. Box 1554, 45020 N. Hwy. 101 City: Laytonville County: Mendocino State: California Zip Code 95454 Country: United States	Organizational Unit: Department: Project Development Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kathleen Middle Name: Ann Last Name: Martin Suffix: Email: kmartin@bioengineers.com
--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0389702	Phone Number (give area code) (707) 984-6774 Fax Number (give area code) (707) 984-8855
---	--

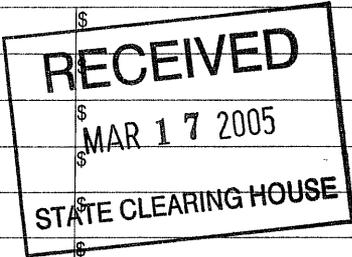
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) (o) Not for Profit Organization
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-632 TITLE (Name of Program): Private Stewardship Grants Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Russian River @ Stuhlmuller Vineyards Streambank Stabilization, Riparian Revegetation, & Habitat Improvement Project
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County, California	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
---	---

13. PROPOSED PROJECT Start Date: 04/01/2005 Ending Date: 06/01/2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 01 b. Project 01
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15. ESTIMATED FUNDING: a. Federal \$ 79,999.00 b. Applicant \$ 128,842.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 208,841.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/18/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix First Name Kathleen Middle Name Ann Last Name Martin Suffix	c. Telephone Number (give area code) (707) 984-6774 e. Date Signed 3/18/2005
b. Title Secretary-Treasurer d. Signature of Authorized Representative <i>K. Martin</i>	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Oscar Balaguer (916) 341-5485	
10. Catalog of Federal Domestic Assistance Number 66.461 Title: Regional Wetland Program Development Grants		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 9/1/2005 End Date 3/31/2007		11. Descriptive Title of Applicant's Project: Purpose of this project is to strengthen California's regulatory protection of wetlands in general and "isolated" wetlands, in particular.	
15. ESTIMATED FUNDING: a. Federal \$200,000 b. Applicant \$0 c. State \$66,670 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$266,670		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: March 17, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantú		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____X_____ NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

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MAR 17 2005
STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: County of San Joaquin		Organizational Unit: Department: Department of Aviation	
Organizational DUNS: 08722 6056		Division:	
Address: Street: 5000 South Airport Way		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	
City: Stockton		First Name: Barry	
County: San Joaquin		Middle Name	
State: California		Last Name Rondinella	
Zip Code 95206	Suffix:		
Country: USA		Email: brondinella@sjgov.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000531	Phone Number (give area code) (209) 468-4700	Fax Number (give area code) (209) 468-4730
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Changed scope of project.	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Stockton Metropolitan Airport, Stockton, San Joaquin County, California Reconstruct General Aviation Apron - Phase 2 Acquire Aircraft Rescue and Fire Fighting Vehicle & Upgrade ARFF Station Perimeter Security Upgrade Airport Layout Plan Update
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin County, California	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
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13. PROPOSED PROJECT Start Date: 2005	Ending Date: 2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11	b. Project 11
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 921,052 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 21, 2005	
b. Applicant	\$ 5,055 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 96,053 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 2,022,160 ⁰⁰		

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

Authorized Representative	
Prefix Mr.	First Name Steve
Middle Name	
Last Name Gutierrez	
Suffix	
Title Chairman, Board of Supervisors	
c. Telephone Number (give area code) (209) 468-3113	
Signature <i>Steve Gutierrez</i>	
e. Date Signed MAR 08 2005	

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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

1. Type of Submission: Application _____ Preapplication _____ _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. DUNS Number: 808321913		4. Date Rec'd by Federal	Federal Identifier V 98955001
8. Type of Application: ___ New ___X___ Revision ___ Continuation If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Los Angeles Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Dixon Oriola (213) 576-6803	
10. Catalog of Federal Domestic Assistance Number 66.802 Title: Superfund State, Political Subdivision, and Indian Tribe Site Specific Cooperative Agreements		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
12. Area Affected by Project: (cities, counties, states, etc.) San Gabriel Valley, California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 1/1/2001 End Date 6/30/2006		11. Descriptive Title of Applicant's Project: Funding is for the source identification and assessment of ground water contamination of existing wells for the San Gabriel Valley.	
15. ESTIMATED FUNDING: a. Federal \$350,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$350,000		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: March 16, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantú		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

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 MAR 16 2005
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 17, 2004	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: March Joint Powers Authority	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR 16 2005</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: March Joint Powers Authority	
Organizational DUNS: 799839428		Division:	
Address: Street: P.O. Box 7480		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.	First Name: Lori
City: Moreno Valley		Middle Name M.	Last Name Stone
County: Riverside	State: CA	Zip Code 92552	Suffix:
Country: USA	Email: stone@marchjpa.com		

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code): (909) 656-7000
 Fax Number (give area code): (909) 653-5558

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

Other (specify):

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

9. NAME OF FEDERAL AGENCY:
 Economic Development Administration

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

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

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

13. PROPOSED PROJECT
 Start Date: Ending Date:

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

15. ESTIMATED FUNDING:

a. Federal	\$	1,425,000 ⁰⁰
b. Applicant	\$	158,334 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	1,583,334 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: November 18, 2004
 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 Philip	Middle Name A.
Last Name Rizzo	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (909) 656-7000	
d. Signature of Authorized Representative <i>Philip A. Rizzo</i>	e. Date Signed November 17, 2004	

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