Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2008.** 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

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. Federal Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

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

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STATE CLEARING HOUSE

* Legal Name: The Regents of the University of California
Department: Office of Contract & Grant Adm Division: UCLA
* Street1: 11000 Kinross Avenue, Suite 102 Street2:
* City: Los Angeles County: Los Angeles * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1400

Person to be contacted on matters involving this application

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

* Phone Number: 310-794-0171 Fax Number: 310-794-0631 Email: klund@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
1956006143A1

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

Other (Specify):

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

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

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

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

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Supplemental Funding Proposal for Advanced Accelerator Physics Research at UCLA - Muon Collider Studies

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

13. PROPOSED PROJECT:
* Start Date: 11/01/2007 * Ending Date: 10/31/2008

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-030 b. * Project: CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Prof.	David	B.	Cline	

Position/Title: Professor of Physics & Astronomy * Organization Name: The Regents of the University of California
Department: Physics and Astronomy Division: UCLA
* Street1: 475 Portola Plaza Street2:
* City: Los Angeles County: Los Angeles * State: CA: Califor
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-1673 Fax Number: 310-206-1091 * Email: dcline@physics.ucla.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	55,000.00
b. * Total Federal & Non-Federal Funds	55,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 03/17/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * I agree

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

19. Authorized Representative

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

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Office of Contract & Grant Adm	Division:	UCLA
* Street1:	11000 Kinross Avenue, Suite 102	Street2:	
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application Add Attachment

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

ClineAddCongrDist.pdf Delete Attachment View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Application for Federal Assistance

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

1. TYPE OF SUBMISSION

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

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: Department of Public Health

1616 Capitol Avenue, 2nd Floor, MS 7404
P.O. Box 997413
Sacramento, CA 95899-7413

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

Glenn Takeoka (916) 449-5693

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-3204993

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

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

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8. TYPE OF APPLICATION:
☑ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es) ☐ ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify:

9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CU 66-472
TITLE: BEACH

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Implementation of Water Quality Monitoring and Public Notification Programs

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
State of Califonia Coastal Counties

13. Proposed Project:

Start Date	End Date

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:	b. Project
Department of Public Health	State of California Coastal Areas

15. Esimated Funding:

a. Federal	$	584,074
b. Applicant	$	-
c. State	$	-
d. Local	$	-
e. Other: 1:1 Match	$	-
f. Program Income		
g. TOTAL	$	584,074

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 PROCESSES FOR REVIEW ON:
DATE: June 30, 2008
b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Typed name of Authorized Representative.	b. Title	c. Telephone Number
for Mark Horton, MD, MSPH	Director	(916) 440-7400

d. Signature of Authorized Representative	e. Date Signed
Brian A. Sumner MS	3-10-08

Standard Form 424A (REV 4-88)
Prescribed by OMB Circular A102

Previous Editions not Usable

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED February 11, 2008 (Rev. 3-12-08)	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 Alturas

Organizational Unit: Department: Public Works

Organizational DUNS: 15-416-1728

Division:

Address:
Street: 200 W. North Street
City: Alturas
County: Modoc
State: California
Zip Code: 96101
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Chester
Middle Name
Last Name: Robertson
Suffix:
Email: crobertson@cityofalturas.org
Phone Number (give area code): 530-233-2377
Fax Number (give area code): 530-233-3559

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

8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☑ Revision

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

Other (specify)

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

C. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

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

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Alturas Municipal Airport, Alturas, Modoc County, California
Extension of Water Lines and Fire Hydrant
Snow Plow

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

City of Alturas, Modoc County, California

13. PROPOSED PROJECT

Start Date: 2008
Ending Date: 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 02
b. Project 02

15. ESTIMATED FUNDING:

a. Federal	$ 228,000.00
b. Applicant	$ 6,300.00
c. State	$ 5,700.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 240,000.00

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 14, 2008

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: Chester	Middle Name
Last Name: Robertson		Suffix
b. Title: Director of Public Works		c. Telephone Number (give area code): (530) 233-2377
d. Signature of Authorized Representative: Chester Robertson		e. Date Signed: 03/14/08

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:
Completed by Grants.gov upon submission.	

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

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1539563	125094723

d. Address:

* Street1:	University of California, Santa Cruz
Street2:	1156 High Street
* City:	Santa Cruz
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95064

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Dr.	* First Name:	Adina
Middle Name:			
* Last Name:	Paytan		
Suffix:			

Title:

Organizational Affiliation:

* Telephone Number:	831-459-1437	Fax Number:	

* Email: apaytan@ucsc.edu

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:

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-R9-WP8

* Title:

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

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

Where Air and Water Meet - Atmospheric Disposition to Pacific Coast Wetland - Elkhorn Slough

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-17
* b. Program/Project: CA-17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2008
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	237,378.00
* b. Applicant	59,344.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	296,722.00

*** 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 03/18/2008.
- [ ] 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: Wanda
Middle Name: Jeanne
* Last Name: Moody
Suffix:

* Title: Contract and Grant Officer

* Telephone Number: 831-459-3136
Fax Number:

* Email: wmoody@ucsc.edu

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

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

Application for Federal Assistance SF-424

Version 02

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

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

*If Revision, select appropriate letter(s):

*Other (Specify)

*3. Date Received:

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: East Bay Community Recovery Project

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MAR 18 2008
STATE CLEARING HOUSE

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-3103486

*c. Organization DUNS:
80-855-5387

d. Address

*Street1: 2551 San Pablo Avenue
Street2:
*City: Oakland
County:
*State: CA
Province:
*Country: United States
*Zip/Postal Code: 94612

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: Luther

Middle Name:

*Last Name: Jessie

Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 510-446-7152 Fax Number: 510-832-0626

*Email: ljessie@ebcrp.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:
M. Nonprofit with 501C3 IRS Status (Other than 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:

11. Catalog of Federal Domestic Assistance Number

CFDA Title:

*12. Funding Opportunity Number:
TI-08-009

*Title:
Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Enhanced vocational and family services for pregnant and parenting women

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

***a. Applicant** CA-009 b. Program/Project

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

17. Proposed Project:

*a. Start Date: 9/30/2008 b. End Date: 9/29/2011

18. Estimated Funding($):

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

*** 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.

a. Authorized Representative

Prefix: *First Name: Luther

Middle Name:

Last Name: Jessie

Suffix:

*Title: Director of Residential Services

*Telephone Number: 510-446-7152 Fax Number: 510-832-0626

*Email: ljessie@ebcrp.org

*Signature of Authorized Representative: Date Signed: 5/17/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

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

* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: UCLA

* Street1: 11000 Kinross Avenue, Suite 102 Street2:

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

Province: * Country: UNITED ST * ZIP / Postal Code: 90095-1405

Person to be contacted on matters involving this application

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

* Phone Number: 310-794-0171 Fax Number: 310-794-0631 Email: klund@resadmin.ucla.edu

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

1956006143A1

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Supplemental Funding Proposal for Postdoctoral Support for CMS at UCLA

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

Los Angeles, CA

13. PROPOSED PROJECT:

* Start Date: 01/15/2008 * Ending Date: 01/14/2009

14. CONGRESSIONAL DISTRICTS OF:

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name	Suffix:
Prof.	Rainer		Wallny	

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

Department: Physics and Astronomy Division: UCLA

* Street1: 475 Portola Plaza Street2:

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

Province: * Country: UNITED ST * ZIP / Postal Code: 90095-1547

* Phone Number: 310-825-4731 Fax Number: 310-206-1091 * Email: wallny@physics.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

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STATE CLEARING HOUSE

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	81,000.00
b. * Total Federal & Non-Federal Funds	81,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 03/17/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * I agree

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

19. Authorized Representative

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

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Office of Contract & Grant Adm	Division:	UCLA
* Street1:	11000 Kinross Avenue, Suite 102	Street2:	
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

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

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

20. Pre-application Add Attachment

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

Add Attachment

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

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:
5H79T1018028

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION

*a. Legal Name: East Bay Community Recovery Project

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-3103486

*c. Organization DUNS:
80-855-5387

d. Address

*Street1: 2551 San Pablo Avenue
Street2:
*City: Oakland
County:
*State: California
Province:
*Country: United States
*Zip/Postal Code: 94612

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STATE CLEARING HOUSE

e. Organizational Unit

Department Name:
Outpatient Services

Division Name:

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

Prefix: Mr. *First Name: Omar
Middle Name:
*Last Name: Bocobo
Suffix: LCSW

Title: Director of Outpatient Services

Organizational Affiliation:

*Telephone Number: 510-446-7110 Fax Number: 510-446-7191

*Email: obocobo@ebcrp.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:
M. Nonprofit with 501C3 IRS Status (Other than 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:

SAMHSA - CSAT

11. Catalog of Federal Domestic Assistance Number

CFDA Title:

*12. Funding Opportunity Number:
06-005

*Title:
Treatment for Homeless

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Integrated Client-Based Services for Dual Disorder Persons Who Are Homeless

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

***a. Applicant** CA-009 b. Program/Project

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

17. Proposed Project:
*a. Start Date: 9/29/2008 b. End Date: 09/30/2009

18. Estimated Funding($):

*a. Federal 400,000.00
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL 400,000.00

*** 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.

a. Authorized Representative

Prefix: Mr. *First Name: Omar

Middle Name:

Last Name: Bocobo

Suffix: LCSW

*Title: Director of Outpatient Services

*Telephone Number: 510-446-7110 Fax Number:

*Email: obocobo@ebcrp.org

*Signature of Authorized Representative: Date Signed: 3/13/08

Application for Federal Assistance SF-424
Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0796
Budget Number:	1 - Budget Pending Approval
Project Information:	Metro Rapid System Gap Closure

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Part 1: Recipient Information

Project Number:	CA-03-0796
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-03-0796
Project Description:	Metro Rapid System Gap Closure
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis 213.202.3956
Recipient Contact:	Gladys Lowe 213.922.2459
New/Amendment:	New
Amend Reason:	Initial Application
Fed Dom Asst. #:	20500
Sec. of Statute:	5309-5
State Appl. ID:	None Specified
Start/End Date:	Jun. 01, 2007 - Dec. 31, 2012
Recvd. By State:	

Gross Project Cost:	$25,662,980
Adjustment Amt:	$0
Total Eligible Cost:	$25,662,980
Total FTA Amt:	$16,347,380
Total State Amt:	$0
Total Local Amt:	$9,315,600
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified

EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Feb. 12, 2008
Program Page:	15
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

Project Details

The Los Angeles County Metropolitan Transportation Authority (Metro), as lead agency of a broad-based, countywide coalition of

Earmark Details

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
E2008-NWST-006	Metro Rapid Bus System Gap C	$16,347,380	$16,347,380

Number of Earmarks: 1

Total Amount Applied: $16,347,380

Date Sent for Release:

Date Released:

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
116-00 SIGNAL & COMM EQUIPMENT (BUS)	0	$11,622,109.00	$18,245,000.00
ACTIVITY			
11.62.01 TIP#LA0C8413 Transit Signal Priority Systems (TPS)	0	$11,622,109.00	$18,245,000.00
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	$4,725,271.00	$7,417,980.00
ACTIVITY			
11.44.03 TIP#LA0C8413 Stations	0	$4,725,271.00	$7,417,980.00
		Estimated Total Eligible Cost:	**$25,662,980.00**
		Federal Share:	**$16,347,380.00**
		Local Share:	**$9,315,600.00**

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Regional Organization

Type of Applicant 3: Select Applicant Type:

Nonprofit without 501C3 IRS Status

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.716

CFDA Title:

Surveys, Studies, Investigations, Training Demonstrations and Educational Outreach

*** 12. Funding Opportunity Number:**

EPA-R9-CED1-08-003

* Title:

FY 2008 Strategic Agricultural Initiative/Food Quality Protection Act Grant Program

13. Competition Identification Number:

Title:

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

Counties with potential application to other states

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

Pest Management Responses to New Invasive Exotic Pests in Vineyards

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

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:
Completed by Grants.gov upon submission.	

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: Sonoma County District 3 Local Winegrape Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
412212695	792271772

d. Address:

* Street1: 420 Aviation Blvd, Ste 106
Street2:
* City: Santa Rosa
County: Sonoma
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 95403

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e. Organizational Unit:

Department Name:	Division Name:
N.A.	N.A.

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

Prefix: Dr
* First Name: Nick
Middle Name:
* Last Name: Frey
Suffix:

Title: President

Organizational Affiliation:
Sonoma County District 3 Local Winegrape Commission (Sonoma County Winegrape Commission)

* Telephone Number: 707-522-5861
Fax Number: 707-522-5866

* Email: frey@sonomawinegrape.org

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA 1
* b. Program/Project: CA 1

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2008
* b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	53,515
* b. Applicant	$30,000 Tot; $15,000 /yr
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	83,515

*** 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 3-14-08.
- [ ] 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:	Dr
* First Name:	Nick
Middle Name:	
* Last Name:	Frey
Suffix:	
* Title:	President
* Telephone Number:	707-522-5861
Fax Number:	707-522-5866
* Email:	frey@sonomawinegrape.org
* Signature of Authorized Representative:	Nick Frey
* Date Signed:	3-14-08

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:
Completed by Grants.gov upon submission.	

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

State Use Only:

6. Date Received by State:	03/17/2008	7. State Application Identifier:	

8. APPLICANT INFORMATION:

* a. Legal Name: Young Men's Christian Association of the East Bay, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1156317	079073938

d. Address:

* Street1:	2330 Broadway
Street2:	
* City:	Oakland
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94612-2415

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e. Organizational Unit:

Department Name:	Division Name:
West County	Building Blocks for Kids

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

Prefix:		* First Name:	Donald
Middle Name:			
* Last Name:	Lau		
Suffix:			

Title: Executive Vice President

Organizational Affiliation:

YMCA of the East Bay

* Telephone Number:	510-412-5647	Fax Number:	510-412-5650

* Email: DLau@ymcaeastbay.org

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 7th
* b. Program/Project: SAMHSA

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

Add Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008
* b. End Date: 06/30/2009

18. Estimated Funding ($):

* a. Federal	95,305.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	95,305.00

*** 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 03/17/2008 .
- [ ] 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:	
* First Name:	Don
Middle Name:	
* Last Name:	Lau
Suffix:	
* Title:	Executive Vice President
* Telephone Number:	510-412-5647
Fax Number:	
* Email:	DLau@ymcaeastbay.org
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

OMB Approval No. 0348-0044

Application for Federal Assistance SF-424

Version 02

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

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

*If Revision, select appropriate letter(s):

*Other (Specify)

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*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION

*a. Legal Name: Institute for the Advanced Study of Black Family Life and Culture, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2638330

*c. Organization DUNS: 166387696

d. Address

*Street1: 1012 Linden Street
Street2:
*City: Oakland
County: Alameda
*State: California
Province:
*Country: USA
*Zip/Postal Code: 94607

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: Wade
Middle Name: W.
*Last Name: Nobles
Suffix: Ph.D

Title: Executive Director

Organizational Affiliation:
Institute for the Advanced Study of Black Family Life and Culture, Inc.

*Telephone Number: 510 836-3245 Fax Number: 510 836-3248

*Email: drnobles@iasbflc.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:
M: Non profit with 501c3 IRS status (Other than 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:

Substance Abuse and Mental Health Services Administration

11. Catalog of Federal Domestic Assistance Number

CFDA Title:

12. Funding Opportunity Number:
OA-08-001
*Title:
SAMHSA Grants for Programmatic Directives

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Oakland, Alameda County, California

15. Descriptive Title of Applicant's Project:
From Trauma to Drama: Black Adolescent Substance Abuse Prevention Through Culture, Cognition & Character Program

Attach supporting documents as specified in agency instructions.

16. Congressional Districts Of:
***a. Applicant** 9 b. Program/Project 9

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

17. Proposed Project:
*a. Start Date: 10/01/2008 b. End Date: 09/31/2009

18. Estimated Funding($):

*a. Federal	$143,448
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$143,448

* 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 05/24/2007.

☐ 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.

a. Authorized Representative

Prefix: *First Name: Wade

Middle Name: W.

Last Name: Nobles

Suffix: Ph.D.

*Title: Executive Director

*Telephone Number: 510 836-3245 Fax Number: 510 836-3248

*Email: drnobles@iasbflc.org

*Signature of Authorized Representative: Date Signed: 13 / MAR 4/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED February 11, 2008 (Rev. 3-12-08)	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: City of Alturas

Organizational Unit: Department: Public Works

Organizational DUNS: 15-416-1728

Division:

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Address:

Street: 200 W. North Street

City: Alturas

County: Modoc

State: California

Zip Code: 96101

Country: USA

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

Prefix: Mr. First Name: Chester

Middle Name

Last Name: Robertson

Suffix:

Email: crobertson@cityofalturas.org

Phone Number (give area code): 530-233-2377

Fax Number (give area code): 530-233-3559

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000290

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☑ Revision

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

Other (specify)

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

C. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

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

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Alturas Municipal Airport, Alturas, Modoc County, California
Extension of Water Lines and Fire Hydrant
Snow Plow

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

City of Alturas, Modoc County, California

13. PROPOSED PROJECT

Start Date: 2008 Ending Date: 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 02 b. Project 02

15. ESTIMATED FUNDING:

a. Federal	$ 228,000.00
b. Applicant	$ 6,300.00
c. State	$ 5,700.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 240,000.00

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 14, 2008

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: Chester Middle Name:

Last Name: Robertson Suffix:

b. Title: Director of Public Works c. Telephone Number (give area code): (530) 233-2377

d. Signature of Authorized Representative: Chester Robertson e. Date Signed: 03/14/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 20, 2008	Applicant Identifier Hanford Municipal Airport (HJO)	
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 Hanford

Organizational DUNS:
071875793

Address:
Street:
319 North Douty Street

City:
Hanford

County:
Kings

State:
California

Zip Code
93230

Country:
USA

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Organizational Unit:
Department:
Hanford Municipal Airport

Division:

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

Prefix: Mr.
First Name: Thomas
Middle Name: J.
Last Name: Haglund
Suffix:

Email:
thaglund@ci.hanford.ca.us

Phone Number (give area code): 559-585-2521
Fax Number (give area code): 559-585-2595

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 4 - 6 0 0 0 3 4 5

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 (Name of Program):
Airport Capital Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Conduct environmental assessment evaluating potential purchase of land adjacent to airport BRL

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

13. PROPOSED PROJECT
Start Date: 7/1/2008
Ending Date: 6/30/2008

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

15. ESTIMATED FUNDING:

a. Federal	$ 150,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 7,500.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 157,500.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 3/20/2008
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: Thomas
Middle Name: J.
Last Name: Haglund
Suffix:
b. Title: Deputy City Manager
c. Telephone Number (give area code): 559-585-2521
d. Signature of Authorized Representative:
e. Date Signed: 3/20/2008

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

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

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

5. Applicant Information:
Legal Name and Address:
(give city, county, state, and zip code)
State Water Resources Control Board
1001 I Street, Sacramento County
Sacramento, California 95814

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Bill Orme
(916) 341-5464

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

6. D U N S Number: 808321913

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

8. Type of Application:
_X_ New ___ Revision ___ Continuation
If Revision, enter appropriate letter(s): ___ ___
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other (specify) _____

9. Name of Federal Agency:
U. S. Environmental Protection Agency

10. Catalog of Federal Domestic Assistance Number
66.461
Title: Regional Wetland Program Development Grants

11. Descriptive Title of Applicant's Project:
This project will develop a Policy that incorporates a statewide wetland definition, standardize compensatory mitigation requirements, complies with the "no net loss" policy (Executive Order W-59-93), and protects water quality and beneficial uses.

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

13. Proposed Project:

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

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$275,000
b. Applicant	$0
c. State	$932,283
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$1,207,283

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: _X__ This application/preapplication was made available to the State EO 12372 process for review on:
Date: March 21, 2008
b. NO: ____ Program is not covered by EO # 12372
____ Program has not been selected by the state for review.

17. Is the applicant delinquent on any Federal debt?
_____ YES, attach explanation __X__ NO

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

a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number
Dorothy Rice	Executive Director	(916) 341-5615

d. Signature of Authorized Representative	e. Date Signed:
	3/24/2008

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STATE CLEARING HOUSE

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 19, 2008	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 Unit:
Department: Public Works
Division:

Organizational DUNS: 144603339

Address:
Street: HCR 79, Box 209
City: Mammoth Lakes
County: Mono
State: California
Zip Code: 93546
Country: USA

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MAR 21 2008
STATE CLEARING HOUSE

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
D - Township
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) Change of Priority

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 Horizon Air Airline Scheduled Service - Preparation of Environmental Impact Statement (EIS) - Phase 3

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

13. PROPOSED PROJECT
Start Date: 2008
Ending Date: 2008

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

15. ESTIMATED FUNDING:

a. Federal	$ 998,134.00
b. Applicant	$ 52,533.00
c. State	$ 0.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,050,667.00

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 21, 2008
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: 21 Mar 08

UCLA

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier
DE-FG02-92ER40695 (Supplement)

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

* Legal Name: The Regents of the University of California
Department: Office of Contract & Grant Adm Division: Univ of Cal, Los Angeles
* Street1: 11000 Kinross Avenue Street2: Suite 102
* City: Los Angeles County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

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MAR 21 2008
STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix: Ms. * First Name: Kristin Middle Name: * Last Name: Lund Suffix:
* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
1956006143A1

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

Other (Specify):

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

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

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

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Supplemental Funding Proposal for Advanced Accelerator Physics Research at UCLA - Muon Collider Studies

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

13. PROPOSED PROJECT:
* Start Date: 11/01/2007 * Ending Date: 10/31/2008

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-030 b. * Project: CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof. * First Name: David Middle Name: B. * Last Name: Cline Suffix:
Position/Title: Professor of Physics & Astronomy * Organization Name: The Regents of the University of California
Department: Physics and Astronomy Division: Univ of Cal, Los Angeles
* Street1: 475 Portola Plaza Street2: Suite 102
* City: Los Angeles County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-1673 Fax Number: 310-206-1091 * Email: dcline@physics.ucla.edu

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

SF 424 (R&R) APPLICAT... FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	55,000.00
b. * Total Federal & Non-Federal Funds	55,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 03/21/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** I agree**

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

19. Authorized Representative

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

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Office of Contract & Grant Adm	Division:	Univ of Cal, Los Angeles
* Street1:	11000 Kinross Avenue	Street2:	Suite 102
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

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

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

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

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

ClineAddCongrDist.pdf Add Attachment | Delete Attachment | View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Regents of the University of California	Organizational Unit: Department: Environmental Studies
Organizational DUNS: 125084723	Division: Social Sciences
Address: Street: 1156 High St	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kate
City: Santa Cruz	Middle Name
County: Santa Cruz	Last Name Aja
State: CA Zip Code 95064	Suffix:
Country:	Email: kmaja@ucsc.edu
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94 - 1539563	Phone Number (give area code) (831) 459-3341 / Fax Number (give area code) (831) 459-4015

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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) I. State Controlled Institution of Higher Learning Other (specify)
	9. NAME OF FEDERAL AGENCY: US EPA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 - 461 TITLE (Name of Program): Wetland Program Development Grants	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** EVALUATION OF BIOLOGICAL GROWTH EFFICIENCY TO RAPIDLY ASSESS WETLAND FUNCTION ON THE CENTRAL CALIFORNIA COAST
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Pescadero Slough, Scott's Creek, Elkhorn Slough	
13. PROPOSED PROJECT Start Date: 10/01/2008 Ending Date: 09/30/2010	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 17 b. Project 17

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 107,520.00	a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/24/2008
b. Applicant	$ 35,944.00	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 143,464.00	☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative		
Prefix	First Name Kate	Middle Name
Last Name Aja		Suffix
b. Title Contracts and Grants Officer		c. Telephone Number (give area code) (831) 459-3341
d. Signature of Authorized Representative		e. Date Signed 3/24/08

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

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED March 15, 2008	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: Southeast Asian Institute for Advancement (SAIFA)

Organizational Unit:
Department:
Division:

Organizational DUNS: 809596781

Address:
Street: 2904 N Blackstone Avenue, A7
City: Fresno
County: Fresno
State: CA
Zip Code: 93703
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: La
Middle Name
Last Name: Vang
Suffix:
Email: saifafresno@yahoo.com
Phone Number (give area code): 559-394-2217
Fax Number (give area code): 559-229-1925

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 20-2361116

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

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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773
TITLE (Name of Program): Rural Business Opportunity Grant (RBOG)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
A Feasibility and Business Study for the establishment of an "Agricultural leadership Institute"

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Rural cities in Fresno County, CA: Sanger, Selma, Parlier, Biola, Easton

13. PROPOSED PROJECT
Start Date: 10/1/2008
Ending Date: 9/30/2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 19th and 20th
b. Project: 19th and 20th

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 50,000.00

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

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

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

a. Authorized Representative
Prefix: Mr.
First Name: La
Middle Name
Last Name: Vang
Suffix
b. Title: Chairman
c. Telephone Number (give area code): 559-394-2217
d. Signature of Authorized Representative: La Vang
e. Date Signed: 3/3/08

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 6, 2008	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: City of Atwater

Organizational DUNS: 090845512

Address:

Street: 750 Bellevue Rd.

City: Atwater

County: Merced County

State: California

Zip Code: 95301

Country: United States of America

Organizational Unit:

Department:

Division:

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

Prefix:

First Name: Scott

Middle Name

Last Name: McBride

Suffix:

Email: smcbride@atwater.org

Phone Number (give area code): (209) 357-6300

Fax Number (give area code): (209) 723-4450

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6002854

8. TYPE OF APPLICATION:

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

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

Other (specify)

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

C. Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302

TITLE (Name of Program): Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

"Planning Grant to Facilitate with the Development of Industrial Business Parks that Focus on Generating and Enhancing Technology Based Innovation and Commerce in the Central Valley Region."

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

Cities of Atwater, Gustine, and Merced, Merced County

13. PROPOSED PROJECT

Start Date: June 2008

Ending Date: June 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 18th District

b. Project: 18th District

15. ESTIMATED FUNDING:

a. Federal	$ 177,800.00
b. Applicant	$ 13,250.00
c. State	$ .00
d. Local	$ 26,500.00
e. Other	$ 78,913.00
f. Program Income	$ .00
g. TOTAL	$ 296,463.00

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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: Stan

Middle Name

Last Name: Feathers

Suffix

b. Title: Assistant City Manager

c. Telephone Number (give area code): (209) 357-6300

d. Signature of Authorized Representative

e. Date Signed: March 20, 2008

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 6, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Merced County Economic Development Corporation

Organizational DUNS: 090845512

Address:
Street: 470 West Main Street, Suite 7
City: Merced
County: Merced County
State: California
Zip Code: 95340
Country: United States of America

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Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Scott
Middle Name
Last Name: Galbraith
Suffix:
Email: sgalbraith@mcedco.com
Phone Number (give area code): (209) 723-3889
Fax Number (give area code): (209) 723-4450

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0354079

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. Not for Profit Organization
Other (specify)

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302
TITLE (Name of Program): Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"Planning Grant to Facilitate with the Development of Industrial Business Parks that Focus on Generating and Enhancing Technology Based Innovation and Commerce in the Central Valley Region."

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Cities of Atwater, Gustine, and Merced, Merced County

13. PROPOSED PROJECT
Start Date: June 2008
Ending Date: June 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 18th District
b. Project: 18th District

15. ESTIMATED FUNDING:

a. Federal	$ 177,800.00
b. Applicant	$ 4,000.00
c. State	$ .00
d. Local	$ 39,750.00
e. Other	$ 74,913.00
f. Program Income	$ .00
g. TOTAL	$ 296,463.00

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: Scott
Middle Name
Last Name: Galbraith
Suffix
b. Title: President & CEO
c. Telephone Number (give area code): (209) 723-3889
d. Signature of Authorized Representative
e. Date Signed: March 6, 2008

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED February 29, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Merced County Economic Development Corporation and Merced College

Organizational DUNS: 090845512

Address:
Street: 470 West Main Street, Suite 7
City: Merced
County: Merced County
State: California
Zip Code: 95340
Country: United States of America

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Scott
Middle Name
Last Name: Galbraith
Suffix:
Email: sgalbraith@mcedco.com
Phone Number (give area code): (209) 723-3889
Fax Number (give area code): (209) 723-4450

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0354079

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
O. Not for Profit Organization
Other (specify)

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302
TITLE (Name of Program): Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"Planning Grant to Create the Innovation Place Network."

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Cities of Los Banos and Merced, Merced County

13. PROPOSED PROJECT
Start Date: June 2008
Ending Date: June 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 18th District
b. Project: 18th District

15. ESTIMATED FUNDING:

a. Federal	$ 60,000.00
b. Applicant	$ 42,500.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 102,500.00

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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: Scott
Middle Name
Last Name: Galbraith
Suffix
b. Title: President and CEO/ MCEDCO
c. Telephone Number (give area code): (209) 723-3889
d. Signature of Authorized Representative
e. Date Signed: February 28, 2008

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:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2008

* Title:

Rural Housing Preservation Grants

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13. Competition Identification Number:

HPG-2008

Title:

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

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

Low and very low-income single family home rehabilitation grant in the unincorporated areas of Nevada County California

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

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County of Nevada

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000526

* c. Organizational DUNS: 010979029

d. Address:

* Street1: 950 Maidu Avenue
Street2:
* City: Nevada City
County: Nevada
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95959

e. Organizational Unit:

Department Name: CDA - Planning

Division Name: Housing

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

Prefix: Mr.
* First Name: Kyle
Middle Name:
* Last Name: Thompson
Suffix:

Title: Housing Program Manager

Organizational Affiliation:

* Telephone Number: 530-265-7256
Fax Number: 530-265-9851

* Email: kyle.thompson@co.nevada.ca.us

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:
Completed by Grants.gov upon submission.	

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: Fresno County Office of Education

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946002210	087203238

d. Address:

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* Street1:	1111 Van Ness Avenue
Street2:	
* City:	Fresno
County:	United States
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93721

e. Organizational Unit:

Department Name:	Division Name:
Curriculum and Instruction	Safe and Healthy Kids

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

Prefix:	Mr.	* First Name:	Vince
Middle Name:			
* Last Name:	Wesson		
Suffix:			

Title: Program Coordinator

Organizational Affiliation:

* Telephone Number:	559-265-3098 ext. 3423	Fax Number:	559-443-4842

* Email: vwesson@fcoe.k12.ca.us

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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

County Office of Education

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

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities_National Programs

*** 12. Funding Opportunity Number:**

ED-GRANTS-121807-001

* Title:

Grants for School-Based Student Drug-Testing Programs CFDA 84.184D

13. Competition Identification Number:

84-184D2008-1

Title:

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

The areas that would be affected by the school-based student drug-testing programs include: the cities of Fresno, Laton, Clovis, Tollhouse, Kingsburg, and Fowler, in the County of Fresno, within the State of California.

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

Fresno County Office of Education Voluntary Drug-Testing 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-19
* b. Program/Project: CA-19

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

Program Congressional Districts.doc | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008
* b. End Date: 06/30/2011

18. Estimated Funding ($):

* a. Federal	450,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	450,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 03/14/2008 .
- [ ] 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:	Larry
Middle Name:	L
* Last Name:	Powell
Suffix:	
* Title:	Superintendent
* Telephone Number:	559-265-3010
Fax Number:	559-265-0733
* Email:	lpowell@fcoe.k12.ca.us
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 12, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: County of Modoc	**Organizational Unit:** Department: Public Works
Organizational DUNS: 07-611-8678	Division:
Address: Street: 202 W. 4th Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: Richard
City: Alturas	Middle Name: R.
County: Modoc	Last Name: Hironymous
State: California / Zip Code: 96101	Suffix:
Country: USA	Email: rhironymous@modoccounty.us
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000522	Phone Number (give area code): 530-233-6403 / Fax Number (give area code): 530-233-3132

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

B. County

Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

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

TITLE (Name of Program): Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Tulelake Municipal Airport, Modoc County, California
Environmental Assessment (EA)

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
2008	2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
02	02

15. ESTIMATED FUNDING:

a. Federal	$ 66,500.00
b. Applicant	$ 1,835.00
c. State	$ 1,665.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 70,000.00

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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 14, 2008

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Mr.	First Name: Richard	Middle Name
Last Name: Hironymous		Suffix
b. Title: Director of Public Works		c. Telephone Number (give area code): (530) 233-6403
d. Signature of Authorized Representative: Richard Hironymous		e. Date Signed

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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	Applicant Identifier	**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 Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-6000512		7/1	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: County			
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	
CDBG Project Titles - General Management, Oversight, and Coordination - CDBG Housing Program Administration - Housing Assistance Rehabilitation Program - City Activities - Public Facilities and Infrastructure Improvement Projects - Public Service Programs		Description of Areas Affected by CDBG Project(s) The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	
$CDBG Grant Amount: $3,935,876			
$Anticipated Program Income: $764,775			

Home Investment Partnerships Program	14.239 HOME
HOME Project Titles - HOME Program Administration - Homebuyer Assistance including ADDI - Affordable Housing Development - Housing Assistance Rehabilitation Program	Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma
$HOME Grant Amount: $1,529,873	
$Anticipated Program Income: $900,000	Other (Describe): ADDI $8,136

Housing Opportunities for People with AIDS	14.241 HOPWA	
HOPWA Project Titles: Not Applicable	Description of Areas Affected by HOPWA Project(s)	
$HOPWA Grant Amount: $0	$Additional HUD Grant(s) Leveraged	Describe

Emergency Shelter Grants Program	14.231 ESG
ESG Project Titles - Emergency Shelter Grant Administration - Emergency Shelter Grant	Description of Areas Affected by ESG Project(s) The County of Fresno
$Emergency Shelter Grant Amount: $175,609	

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 18, 19, 20, 21	Project Districts 18,19,20,21		
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 3/25/08
		☐ 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		
Gigi		Gibbs
Community Development Manager	(559) 262-4292	(559) 488-3940
	www.co.fresno.ca.us	
Signature of Authorized Representative		Date Signed
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
Catherine Huerta, Director, Department of Children & Family Services (ESG Rep.)		Date

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 17, 2008	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: Southeast Asian Institute for Advancement	**Organizational Unit:**
	Department:
Organizational DUNS: 809596781	**Division:**
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 2904 N Blackstone Ave	Prefix: Mr. / First Name: La
City: Fresno	Middle Name
County: Fresno	Last Name Vang
State: CA / Zip Code 93703	Suffix:
Country: USA	Email: saifafresno@yahoo.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 20-2361116	Phone Number (give area code) 559-394-2217 / Fax Number (give area code)
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) "o" Not for profit organization Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA-Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Rural Business Enterprise Grant	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** A Marketing Study, to identify direct-marketing opportunities, to develop a do-it-yourself marketing guide, and to provide a direct-marketing training workshop for limited resources Hmong farmers in Fresno County.
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Biola, Easton, Sanger, Selma, Parlier (all in Fresno County, CA)	
13. PROPOSED PROJECT Start Date: 10/1/2008 / Ending Date: 9/30/2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 19th and 20th District / b. Project 19th and 20th District

15. ESTIMATED FUNDING:

a. Federal	$ 72,800.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 72,800.00

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: 3/17/2008

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 La	Middle Name
Last Name Vang		Suffix
b. Title Chairman		c. Telephone Number (give area code) 559-394-2217
d. Signature of Authorized Representative La Vang		e. Date Signed March 17, 2008

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED February 29, 2008	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Merced College and Merced County Economic Development Corporation	**Organizational Unit:** Department:
Organizational DUNS: 090845512	Division:
Address: Street: 3600 M Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Dr. / First Name: Benjamin
City: Merced	Middle Name
County: Merced County	Last Name: Duran
State: California / Zip Code: 95348	Suffix:
Country: United States of America	Email: duran.b@mccd.edu
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0362218	Phone Number (give area code): (209) 723-3889 / Fax Number (give area code): (209) 723-4450

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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)

I. State Controlled Institution of Higher Learning

Other (specify)

9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302

TITLE (Name of Program): Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Planning Grant to Create the Innovation Place Network."

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Cities of Los Banos and Merced, Merced County

13. PROPOSED PROJECT

Start Date:	Ending Date:
June 2008	June 2009

14. CONGRESSIONAL DISTRICTS OF:

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

15. ESTIMATED FUNDING:

a. Federal	$ 60,000.00
b. Applicant	$ 42,500.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 102,500.00

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. Authorized Representative

Prefix: Dr.	First Name: Benjamin	Middle Name
Last Name: Duran		Suffix
b. Title: President		c. Telephone Number (give area code): (209) 723-3889
d. Signature of Authorized Representative		e. Date Signed: February 28, 2008

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	[x] New	
[x] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

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MAR 24 2008
STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
Fax 530-747-3937	mtrossi@ucdavis.edu

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6036494	047120084

d. Address:

* Street1:	Sponsored Programs
Street2:	1850 Research Park Drive, Suite 300
* City:	Davis
County:	Yolo
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618

e. Organizational Unit:

Department Name:	Division Name:
Sponsored Programs	Office of Research

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

Prefix:	Ms.	* First Name:	Dee
Middle Name:			
* Last Name:	Madderra		
Suffix:			

Title: MSO, Plant Sciences

Organizational Affiliation:
MSO, Plant Sciences Department, University of California

* Telephone Number:	530-752-2683	Fax Number:	530-752-8502

* Email: damadderra@ucdavis.edu

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:

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-R9-WP8

* Title:

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Throughout most of California

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

Improving the conservation and compensatory mitigation of vernal pool vegetation by focusing on community types

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-001
* 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: 10/01/2008
* b. End Date: 09/30/2009

18. Estimated Funding ($):

* a. Federal	124,281.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	31,625.00
* f. Program Income	0.00
* g. TOTAL	155,906.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/25/2008.

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Ms. * First Name: Marie

Middle Name:

* Last Name: Rossi

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-747-3915 Fax Number: 530-747-3937

* Email: mtrossi@ucdavis.edu

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

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:
Completed by Grants.gov upon submission.	

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

RECEIVED
MAR 26 2008
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:	San Francisco State University
* b. Employer/Taxpayer Identification Number (EIN/TIN):	93-1137247
* c. Organizational DUNS:	942514985

d. Address:

* Street1:	1600 Holloway Avenue
Street2:	
* City:	San Francisco
County:	San Francisco
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94132-1722

e. Organizational Unit:

Department Name:	Division Name:
Research & Sponsored Programs	Academic Affairs

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

Prefix:	Dr.	* First Name:	Jaime
Middle Name:	C.		
* Last Name:	Kooser		
Suffix:			

Title:	Manager, SF Bay NERR
Organizational Affiliation:	
* Telephone Number:	(415) 338-3703
Fax Number:	(415) 435-7120
* Email:	jkooser@sfsu.edu

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:

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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2008-2001393

* Title:

FY08 National Estuarine Research Reserve Operations July1-Sept 1 Start

13. Competition Identification Number:

Title:

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

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

San Francisco Bay National Estuarine Research Reserve Operating Grant

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-012
* b. Program/Project: CA-012

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008
* b. End Date: 06/30/2009

18. Estimated Funding ($):

* a. Federal	555,000.00
* b. Applicant	237,858.00
* c. State	0.00
* d. Local	0.00
* e. Other	1,000.00
* f. Program Income	0.00
* g. TOTAL	793,858.00

*** 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 03/20/2008.
- [ ] 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: Dr.
* First Name: Kenneth
Middle Name: R.
* Last Name: Paap
Suffix:

* Title: Associate Vice President for Research

* Telephone Number: (415) 338-7091
Fax Number: (415) 338-0531

* Email: kenp@sfsu.edu

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 3-25-08	Applicant Identifier XP-96935601-1 R9 Tracking # 08-048	
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: City of Arcadia (Lead Agency for Arcadia and City of Sierra Madre joint grant)

Organizational Unit: Department: Department of Public Works Services

Organizational DUNS: 08 219 7278 (Arcadia) 00 494 7388 (Sierra Madre)

Division:

Address:

Street: 240 W. Huntington Drive

City: Arcadia

County: Los Angeles

State: CA

Zip Code: 91066-6021

Country: USA

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

Prefix: Mr. First Name: Pat

Middle Name

Last Name: Malloy

Suffix:

Email:

Phone Number (give area code): (626) 256-6584

Fax Number (give area code): (626) 359-7028

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000667

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.) A C

Other (specify)

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-202

TITLE (Name of Program): Congressionally Mandated Projects

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Infrastructure and Seismic Reliability Projects (Reservoirs, Wells, Pumping Stations)

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Arcadia, City of Sierra Madre Los Angeles County

13. PROPOSED PROJECT

Start Date: September 20, 2005

Ending Date: September 30, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 26th Congressional Dist. (Dreier)

b. Project: 26th Congressional Dist. (Dreier)

15. ESTIMATED FUNDING:

a. Federal	$ 477,000.00
b. Applicant	$ 390,273.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 867,273.00

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 25, 2008

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: Donald Middle Name

Last Name: Penman Suffix

b. Title: City Manager, City of Arcadia

c. Telephone Number (give area code): (626) 574-5401

d. Signature of Authorized Representative: Donald Penman

e. Date Signed: 3/26/08

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 25, 2008	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: Association of Bay Area Governments	**Organizational Unit:** Department: San Francisco Estuary Project
Organizational DUNS: 07-907-3920	Division:
Address: Street: P. O. Box 2050	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. / First Name: Judy
City: Oakland	Middle Name: A.
County: Alameda	Last Name: Kelly
State: CA / Zip Code: 94604-2050	Suffix:
Country: USA	Email: jakelly@waterboards.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 2 8 3 2 4 7 8	Phone Number (give area code): 510-622-8137 / Fax Number (give area code): 510-622-2501

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

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

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
01/01/09	01/31/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
9	See # 12 above

15. ESTIMATED FUNDING:

a. Federal	$ 297,800.00
b. Applicant	$ 10,000.00
c. State	$ 147,355.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 455,155.00

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

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

DATE: February 12, 2007

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: 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: Henry L. Gardner		e. Date Signed: 3/24/08

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Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: PARKS AND RECREATION, CA DEPT OF

* b. Employer/Taxpayer Identification Number (EIN/TIN): 69-0303606

* c. Organizational DUNS: 172070807

d. Address:

* Street1: 301 CASPIAN WAY
Street2:
* City: IMPERIAL BEACH
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91932

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: CLAY
Middle Name:
* Last Name: PHILLIPS
Suffix:

Title: RESERVE MANAGER

Organizational Affiliation:

* Telephone Number: 619-575-3613 EX303
Fax Number: 619-575-6913

* Email: CPHILLIP@PARKS.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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2008-2001393

* Title:

FY08 National Estuarine Research Reserve Operations July1-Sept 1 Start

13. Competition Identification Number:

Title:

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

IMPERIAL BEACH, SAN DIEGO, SAN DIEGO COUNTY, CALIFORNIA
TIJUANA, TECATE, BAJA CALIFORNIA, MEXICO

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

TRNERR MANAGEMENT AND OPERATIONS

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: 51
* b. Program/Project: 51,53

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008
* b. End Date: 12/31/2009

18. Estimated Funding ($):

* a. Federal	335,000.00
* b. Applicant	0.00
* c. State	143,579.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	478,579.00

*** 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 03/28/2008.
- [ ] 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: CLAY

Middle Name:

* Last Name: PHILLIPS

Suffix:

* Title: RESERVE MANAGER

* Telephone Number: 619-575-3613 EX 303 Fax Number: 619-575-6913

* Email: CPHILLIP@PARKS.CA.GOV

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

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:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
Fax: 530-747-3929	suzoliver@ucdavis.edu

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946036494	047120084

d. Address:

* Street1:	1650 Research Park Dr.
Street2:	Suite 300
* City:	Davis
County:	Yolo
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618

e. Organizational Unit:

Department Name:	Division Name:
VM: Path, Micro & Immun	School of Veterinary Medicine

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

Prefix:	* First Name: Suzanne
Middle Name:	
* Last Name: Oliver	
Suffix:	

Title: Grants and Contracts Analyst

Organizational Affiliation:
Office of Research

* Telephone Number: 530-747-3914	Fax Number: 530-747-3929

* Email: suzoliver@ucdavis.edu

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:

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-R9-WP9

* Title:

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

California

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

Climate change and restoration factors affecting bacterial transport dynamics in wetland systems

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-001
* b. Program/Project: CA-001

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

Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2009
* b. End Date: 12/31/2010

18. Estimated Funding ($):

* a. Federal	299,910.00
* b. Applicant	100,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	399,910.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/25/2008.

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix:
* First Name: Suzanne
Middle Name:
* Last Name: Oliver
Suffix:

* Title: Contracts & Grants Analyst

* Telephone Number: 530-747-3914 Fax Number: 530-747-3929

* Email: suzoliver@ucdavis.edu

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Guatay Mutual Water Company	**Organizational Unit:** Department: N/A
Organizational DUNS: 62-685-9128	Division: N/A
Address: Street: PO Box 310037	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: First Name: James
City: Guatay	Middle Name
County: San Diego	Last Name Owens
State: CA Zip Code 91931	Suffix:
Country: USA	Email: james.owens@nolte.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 - 2 8 9 2 4 9 4	Phone Number (give area code) 760-341-3101 / Fax Number (give area code) 760-341-5999
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) N. Other (specify) Mutual Water Company. **9. NAME OF FEDERAL AGENCY:** USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0. TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Interconnection or consolidation of up to three water systems: Guatay Mutual Benefit Company, Heavenly Oaks, and Pine Valley Mobile Home Park
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Community of Guatay	
13. PROPOSED PROJECT Start Date: Spring 2008 / Ending Date: Fall 2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 52 / b. Project 52

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 1,826,400 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 2008
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 1,826,400 .00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix Mr.	First Name Stan	Middle Name
Last Name Peterson		Suffix
b. Title President, Guatay Mutual Water Company		c. Telephone Number (give area code) 619-445-4244
d. Signature of Authorized Representative Stanley Peterson		e. Date Signed 3-11-08

RECEIVED MAR 27 2008 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

RECEIVED
MAR 27 2008
STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Lao American Foundation	**Organizational Unit:**
Organizational DUNS: 807373076	Department:
	Division:
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 2155 N Fresno Street	Prefix: Mr. / First Name: Frisco
City: Fresno	Middle Name: Boualoy
County: Fresno	Last Name: Hounviengkham
State: CA / Zip Code: 93703	Suffix:
Country: USA	Email: lao.foundation@yahoo.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 71-1012518	Phone Number (give area code): 559-229-2061 / Fax Number (give area code): 559-229-2062

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
"o" not for profit organization
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769
TITLE (Name of Program): RBEG

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
To provide outreach training education in small farm business to Lao farmers in Fresno County

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Selma, Sanger, Easton, Biola, Parlier all in Fresno County, CA

13. PROPOSED PROJECT
Start Date: 10/1/2008 / Ending Date: 9/30/2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 19th and 20th District / b. Project: 19th and 20th District

15. ESTIMATED FUNDING:

a. Federal	$ 26,200.00
b. Applicant	$ -.00
c. State	$ -.00
d. Local	$ -.00
e. Other	$ -.00
f. Program Income	$ -.00
g. TOTAL	$ 26,200.00

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

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

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

a. Authorized Representative

Prefix: Mr.	First Name: Frisco	Middle Name: Boualoy
Last Name: Hounviengkham		Suffix:
b. Title: President		c. Telephone Number (give area code): 559-229-2061
d. Signature of Authorized Representative		e. Date Signed: March 17, 2008

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED February 11, 2008	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

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5. APPLICANT INFORMATION

Legal Name: City of Oroville

Organizational DUNS: 088123437

Address:
Street: 1735 Montgomery Street
City: Oroville
County: Butte
State: California
Zip Code: 95965
Country: USA

Organizational Unit:
Department: Public Works
Division: Airports

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Kent
Middle Name
Last Name: Westover
Suffix:
Email: westoverkr@cityoforoville.org
Phone Number (give area code): (530) 538-2498
Fax Number (give area code): 530-538-2426

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000387

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: 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:
Oroville Municipal Airport, Oroville, Butte County, California
Remark Runways 2-20 and 12-30, Taxiways, and Apron
Install Supplemental Wind Cone Near R/W 30 Threshold and REIL on Runway 20
Rehabilitate Runway 2-20 and Runway 12-30
Engineering Design - Apron Rehabilitation - North Side

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
City of Oroville, Butte County, California

13. PROPOSED PROJECT
Start Date: 2008
Ending Date: 2008

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 1st
b. Project: 1st

15. ESTIMATED FUNDING:

a. Federal	$ 732,450.00
b. Applicant	$ 20,239.00
c. State	$ 18,311.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 771,000.00

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: February 15, 2008
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Ms.
First Name: Sharon
Middle Name
Last Name: Atteberry
Suffix
b. Title: City Administrator
c. Telephone Number (give area code): (530) 538-2405
d. Signature of Authorized Representative: Sharon L. Atteberry
e. Date Signed: 3/25/08

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 03/27/08	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: COUNTY OF SAN DIEGO

Organizational DUNS: 00-9581646

Address:
Street: 1960 JOE CROSSON DR.
City: EL CAJON
County: SAN DIEGO
State: CA
Zip Code: 92020
Country: USA

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Organizational Unit:
Department: PUBLIC WORKS
Division: AIRPORTS

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: PETER
Middle Name
Last Name: DRINKWATER
Suffix:
Email: PETER.DRINKWATER@sdcounty.ca.gov
Phone Number (give area code): (619) 956-4800
Fax Number (give area code): (619) 956-4801

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934

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

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

9. NAME OF FEDERAL AGENCY:
FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RAMONA AIRPORT - LATERAL PRECISION WITH VERTICAL GUIDANCE (LPV) AERONAUTICAL STUDY IAW 5300-16A, 17A, 19A AND OTHER RELEVANT POLICY/GUIDANCE REQUIREMENTS INCLUDING ADVISORY CICULARS.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
RAMONA, SAN DIEGO COUNTY, CA

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 52
b. Project: 52

15. ESTIMATED FUNDING:

a. Federal	$ 100,000.00
b. Applicant	$ 2,763.00
c. State	$ 2,500.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 105,263.00

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: BY 3/31/08(Faxed to (916) 323.3018)
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: PETER
Middle Name: L.
Last Name: DRINKWATER
Suffix
b. Title: DIRECTOR OF COUNTY AIRPORTS
c. Telephone Number (give area code): (619) 956-4839
d. Signature of Authorized Representative: Peter Drinkwater
e. Date Signed: 03/27/08

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OCGA

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Application Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier
DE-FG02-91ER40662(Supplement)

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

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* Legal Name: The Regents of the University of California
Department: Off of Contract & Grant Admin Division: Univ of Cal, Los Angeles
* Street1: 11000 Kinross Avenue Street2: Suite 102
* City: Los Angeles County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1406

Person to be contacted on matters involving this application
Prefix: Ms. * First Name: Kristin Middle Name: * Last Name: Lund Suffix:
* Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*:
1956006143A1

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

Other (Specify):

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

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

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

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Supplemental Funding Proposal for Postdoctoral Support for CMS at UCLA

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

13. PROPOSED PROJECT:
* Start Date: 01/15/2008 * Ending Date: 01/14/2009

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-030 b. * Project: CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof. * First Name: Rainer Middle Name: * Last Name: Wallny Suffix:
Position/Title: Assistant Professor of Physics * Organization Name: The Regents of the University of California
Department: Physics and Astronomy Division: Univ of Cal, Los Angeles
* Street1: 475 Portola Plaza Street2: Suite 102
* City: Los Angeles County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 90095-1547
* Phone Number: 310-825-4731 Fax Number: 310-206-1091 * Email: wallny@physics.ucla.edu

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

SF 424 (R&R) APPLICATION FO... FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	81,000.00
b. * Total Federal & Non-Federal Funds	81,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 03/27/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** I agree**

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

19. Authorized Representative

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

* Position/Title:	Grant Analyst	* Organization:	The Regents of the University of California
Department:	Off of Contract & Grant Admin	Division:	Univ of Cal, Los Angeles
* Street1:	11000 Kinross Avenue	Street2:	Suite 102
* City:	Los Angeles	County:	Los Angeles
* State:	CA: Califon	Province:	
* Country:	JNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-794-0631
* Email:	klund@resadmin.ucla.edu		

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

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

20. Pre-application Add Attachment Delete Attachment View Attachment

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

Add Attachment Delete Attachment View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Shingle Springs Band of Miwok Indians	Organizational Unit: Department: Environmental Department
Organizational DUNS: 879073476	Division: Tribal Government
Address: Street: P.O. Box 1340	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Rhonda
City: Shingle Springs	Middle Name
County: El Dorado	Last Name Dickerson
State: CA Zip Code 95682	Suffix:
Country: U. S.	Email: rdickerson@ssband.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0165026	Phone Number (give area code) 530-698-1414 Fax Number (give area code) 530-676-6282

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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) Revision on the match

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

Indian / Native American Tribal Government

Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-419

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Quality Assessment for the Rancheria

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Shingle Springs Rancheria / El Dorado County, CA

13. PROPOSED PROJECT Start Date: 10/01/08 Ending Date: 10/30/09

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

15. ESTIMATED FUNDING:

a. Federal	$ 55,000.00
b. Applicant	$ 11,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 66,000.00

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: 03/28/2008

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 Nicholas	Middle Name H.
Last Name Fonseca		Suffix
b. Title Tribal Chairman		c. Telephone Number (give area code) 530-676-8010
d. Signature of Authorized Representative		e. Date Signed 03/28/2008

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED March 25, 2008	Applicant Identifier SDM	
3. DATE RECEIVED BY STATE	State Application Identifier KSDM	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier KSDM	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: City of San Diego Brown Field Airport	**Organizational Unit:** Department: ~~Real Estate Assets Department~~ Public Works
Organizational DUNS: 00-958-1208	Division: Airports Division
Address: Street: 1424 Continental Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Mike
City: San Diego	Middle Name C
County: San Diego	Last Name Tussey
State: California / Zip Code 92154	Suffix:
Country: USA	Email: mtussey@sandiego.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6000776	Phone Number (give area code) (858)573-1441 / Fax Number (give area code) (858)279-0536

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: 20-106

TITLE (Name of Program):
Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Brown Field Airport Electrical Systems Upgrade - Phase II

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
8/1/08	2/1/09

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
51st	51st

15. ESTIMATED FUNDING:

a. Federal	$ 3,705,000.00
b. Applicant	$ .00
c. State	$ 92,625.00
d. Local City of San Diego	$ 102,375.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 3,900,000.00

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: 25 March 2008

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 Mike	Middle Name C
Last Name Tussey		Suffix
b. Title Deputy Director - Airports Division		c. Telephone Number (give area code) (858)573-1441
d. Signature of Authorized Representative MC Tussey		e. Date Signed 25 March 2008

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