

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

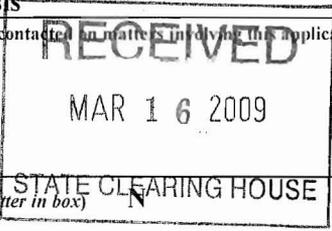
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED 3/13/09	Applicant Identifier
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1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name Los Angeles County Metropolitan Transportation Authority	Organizational Unit: Programming & Policy Analysis
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Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952	Name and telephone number of the person to be contacted in matters involving this application (give area code) Kathy Banh (213) 922-7635
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75	7. TYPE OF APPLICANT: (enter appropriate letter in box) N
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)	A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____
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If Revision, enter appropriate letter(s) in box(es):
 A Increase Award B Decrease Award C Increase Duration
 D Decrease Duration Other (specify)

State Chartered Transit District

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5307/5340	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: ARRA 2009 Capital Assistance, Section 5307/5340, Grant #CA-96-X012
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
County of Los Angeles, CA

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date	Ending Date	a. Applicant	b. Project
3/5/09	9/30/14	Districts 24 through 39, and 41	Same as Applicant

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a Federal \$ 225,300,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/13/09</u>
b Applicant \$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372
c State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d Local \$.00	
e Other \$.00	
f Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
g TOTAL \$ 225,300,000.00	

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

a Typed Name of Authorized Representative GLADYS LOWE	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 3/13/2009	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/13/09		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name Los Angeles County Metropolitan Transportation Authority	Organizational Unit: Programming & Policy Analysis
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952	Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75	7. TYPE OF APPLICANT: (enter appropriate letter in box) A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	<div style="border: 2px solid black; padding: 5px;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR 16 2009</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		

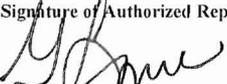
If Revision, enter appropriate letter(s) in box(es):
 A Increase Award B Decrease Award C Increase Duration
 D Decrease Duration Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: ARRA 2009, Section 5309 Fixed Guideway, Grant #CA-56-0001
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5309	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date 5/1/09	Ending Date 9/30/14	a. Applicant Districts 24 through 39, and 41	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 8,200,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/13/09</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 8,200 000.00		

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

a Typed Name of Authorized Representative GLADYS LOWE	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 3/13/2009	

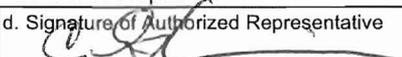
**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 11, 2009	Applicant Identifier FY 2009 PL Overall Work Program
		3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning	
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR 16 2009</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 1 3 4 7 </div>			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2 0 - 2 0 5 </div> TITLE: MPO Highway Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2009/10 Federal Planning Funds \$40,788,933 in FHWA PL Funds (Estimate)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT FY 2009 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide	
Start Date 7/1/09	Ending Date 6/30/10	a. Applicant Statewide	b. Project Statewide Metropolitan Planning
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 40,788,933 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/12/09 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 5,284,638 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 46,073,571 ⁰⁰		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative C. Garth Hopkins		b. Title Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 654-8175
d. Signature of Authorized Representative 		e. Date Signed March 11, 2008	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED March 11, 2009	Applicant Identifier FY 2009 SP&R Special Studies
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning	
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 16 2009 STATE CLEARING HOUSE </div>	
Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Chief Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 1 3 4 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 1 5 TITLE: State Planning and Research Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2009/10 FHWA State Planning and Research Studies \$1,059,625 in Partnership Planning Grant Program \$5,000,000 in CA Regional Blueprint Planning Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT FY 2009 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide	
Start Date 7/1/09	Ending Date 6/30/10	a. Applicant Statewide	b. Project Statewide Planning and Research Studies
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,059,625 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/12/09 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ 1,514,906 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 7,574,531 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative C. Garth Hopkins		b. Title Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 654-8175
d. Signature of Authorized Representative 		e. Date Signed March 11, 2009	

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

		3. DATE RECEIVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION		4. a. Federal Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		b. Agency Routing Number	
2. DATE SUBMITTED	Applicant Identifier		
03/17/2009			
5. APPLICANT INFORMATION		* Organizational DUNS: 067638957	
* Legal Name: General Atomics		RECEIVED MAR 18 2009 STATE CLEARING HOUSE	
Department: MFE	Division: Energy		
* Street1: 3550 General Atomics Court			
Street2:			
* City: San Diego	County / Parish:		
* State: CA: California	Province:		
* Country: USA: UNITED STATES	* ZIP / Postal Code: 92121-1122		
Person to be contacted on matters involving this application			
Prefix: Ms.	* First Name: Ramona	Middle Name:	
* Last Name: Gompfer	Suffix:		
* Phone Number: 858-455-3057	Fax Number: 858-455-3545		
Email: ramona.gompfer@gat.com			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-3735102			
7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business)			
Other (Specify):			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. * TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> E. Other (specify):	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? :			
9. * NAME OF FEDERAL AGENCY:		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049	
Chicago Service Center		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
American Recovery and Reinvestment Act DIII-D National Fusion Program Research and Facility Operations			
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT	
* Start Date	* Ending Date		
06/01/2009	05/31/2011	CA-053	
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Dr.	* First Name: Tony	Middle Name:	
* Last Name: Taylor	Suffix:		
Position/Title: Director, DIII-D National Fusion Program			
* Organization Name: General Atomics			
Department: MFE	Division: Energy		
* Street1: 3550 General Atomics Court			
Street2:			
* City: San Diego	County / Parish:		
* State: CA: California	Province:		
* Country: USA: UNITED STATES	* ZIP / Postal Code: 92121-1122		
* Phone Number: 858-455-3559	Fax Number:		
* Email: taylor@fusion.gat.com			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input type="text" value="12,335,000.00"/> b. Total Non-Federal Funds <input type="text" value="0.00"/> c. Total Federal & Non-Federal Funds <input type="text" value="12,335,000.00"/> d. Estimated Program Income <input type="text" value="0.00"/>	16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="03/17/2009"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="checkbox"/> * I agree <small>* 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.</small>					
18. SFLLL or other Explanatory Documentation <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>					
19. Authorized Representative Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Ramona"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Gompper"/> Suffix: <input type="text"/> * Position/Title: <input type="text" value="Sr. Contract Administrator"/> * Organization: <input type="text" value="General Atomics"/> Department: <input type="text" value="Contracts and Purchasing"/> Division: <input type="text"/> * Street1: <input type="text" value="3550 General Atomics Court"/> Street2: <input type="text"/> * City: <input type="text" value="San Diego"/> County / Parish: <input type="text"/> * State: <input type="text" value="CA: California"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input type="text" value="92121-1122"/> * Phone Number: <input type="text" value="858-455-3057"/> Fax Number: <input type="text" value="858-455-3545"/> * Email: <input type="text" value="ramona.gompper@gat.com"/> <table border="0" style="width:100%"> <tr> <td style="text-align:center">* Signature of Authorized Representative</td> <td style="text-align:center">* Date Signed</td> </tr> <tr> <td style="text-align:center"><input type="text" value="Completed on submission to Grants.gov"/></td> <td style="text-align:center"><input type="text" value="Completed on submission to Grants.gov"/></td> </tr> </table>		* Signature of Authorized Representative	* Date Signed	<input type="text" value="Completed on submission to Grants.gov"/>	<input type="text" value="Completed on submission to Grants.gov"/>
* Signature of Authorized Representative	* Date Signed				
<input type="text" value="Completed on submission to Grants.gov"/>	<input type="text" value="Completed on submission to Grants.gov"/>				
20. Pre-application <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>					

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE []	State Application Identifier []
2. DATE SUBMITTED []	Applicant Identifier []	4. a. Federal Identifier []	
		b. Agency Routing Number []	
5. APPLICANT INFORMATION * Organizational DUNS: 092530369			
* Legal Name: The Regents of the University of California			
Department: []		Division: []	
* Street1: UCLA - Office of Contract and Grant Admin			
Street2: 11000 Kinross Avenue, Ste 102			
* City: Los Angeles		County / Parish: Los Angeles	
* State: CA: California		Province: []	
* Country: USA: UNITED STATES		* 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: ocga3@research.ucla.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006143			
7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education			
Other (Specify): []			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. * TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> E. Other (specify): []	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: Proposal to enhance the Infrastructure for Basic Plasma Science at UCLA			
12. PROPOSED PROJECT:		* 13. CONGRESSIONAL DISTRICT OF APPLICANT	
* Start Date	* Ending Date	[]	
07/15/2009	07/14/2011	CA-030	
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Prof.	* First Name: walter	Middle Name: []	
* Last Name: Gekelman			Suffix: []
Position/Title: Professor			
* Organization Name: The Regents of the University of California			
Department: physics & Astronomy		Division: UCLA	
* Street1: 1000 Veteran Avenue, Room 15-70			
Street2: 11000 Kinross Avenue, Ste 102			
* City: Los Angeles		County / Parish: Los Angeles	
* State: CA: California		Province: []	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 90095-1696	
* Phone Number: 310-206-6904	Fax Number: 310-206-5484		
* Email: gekelman@physics.ucla.edu			

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="4,223,480.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="4,223,480.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input type="text" value="03/17/2009"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

<p>* Signature of Authorized Representative</p> <input type="text" value="Completed on submission to Grants.gov"/>	<p>* Date Signed</p> <input type="text" value="Completed on submission to Grants.gov"/>
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20. Pre-application

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier: CA04103
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: <u>City of Brisbane</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-1525367</u>		*c. Organizational DUNS: <u>967492711</u>
*d. Address:		
*Street 1: <u>50 Park Place</u>		
Street 2: _____		
*City: <u>Brisbane</u>		
County: _____		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code: <u>94005</u>		
*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: <u>Caroline</u>
Middle Name: _____		
*Last Name: <u>Cheng</u>		
Suffix: _____		
Title: _____		
Organizational Affiliation: _____		
*Telephone Number: <u>(415) 508-2157</u>		Fax Number: <u>(415) 467-5547</u>
*Email: <u>ccheng@ci.brisbane.ca.us</u>		



Application for Federal Assistance SF-424

Version 11/2

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16-710

CFDA Title:

Public Safety Partnership and Community Policing Grants

*12 Funding Opportunity Number:

COPS-CHRP-2009-1

*Title:

CHRP

13. Competition Identification Number:

Title:

COPS Hiring Recovery Program

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

*15. Descriptive Title of Applicant's Project:

Federal Funding for School Resource Officer

laying off SRO 10/1/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA 012	*b. Program/Project: CA-D2	
17. Proposed Project:		
*a. Start Date: July 1, 2009	*b. End Date: June 30, 2013	
18. Estimated Funding (\$):		
*a. Federal	\$111,822	
*b. Applicant		\$70,389 salary
*c. State		\$43,433 benefits
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$111,822	
		statecleanhghouse@opr.ca.gov *916-323-3018 (fax)
		DOJ Response Center: 1-800-421-6770
19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 3/18/09		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	Grants coordinator State Cleanhouse office of Planning & Pers	
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	To Box 3044 Rm 222 Sac, CA 95813-3044
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> " I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.</p>		
Authorized Representative:		
Prefix: Mr.	*First Name: Stuart	
Middle Name:		
*Last Name: Schillinger		
Suffix:		
*Title: Administrative Services Director		
*Telephone Number: (415) 508-2151	Fax Number: (415) 467-5547	

* Email: <i>Schillinger@ci.brisbane.qa.us</i>	
* Signature (Typed Name) of Authorized Representative: <i>Stuart Schillinger</i>	* Date Signed: <i>3/18/2009</i>

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

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

N/A

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application *Grayed out*
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) *Grayed out*

3. Date Received:

Grayed out

4. Applicant Identifier:

CA 03308

5a. Federal Entity Identifier:

Grayed out

*5b. Federal Award Identifier:

Grayed out

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name:

City of Hemet

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

95-6000719

*c. Organizational DUNS:

094715349

d. Address:

*Street 1:

445 E. Florida

Street 2:

*City:

Hemet

County:

Riverside

*State:

CA

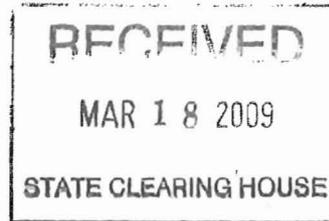
Province:

*Country:

USA

*Zip / Postal Code

92543



e. Organizational Unit:

Department Name:

Police Dept.

Division Name:

Administration

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

Prefix:

Ms.

*First Name:

Tracie

Middle Name:

Palmer

*Last Name:

Palmer

Suffix:

Title:

Personnel Mgr

Organizational Affiliation:

*Telephone Number:

951-765-2403

Fax Number:

951-765-2474

*Email:

tpalmer@cityofhemet.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Grayed out

*10 Name of Federal Agency:

OFFICE OF COMMUNITY ORIENTED POLICING SVCS.

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety Partnership - Community Policing Grants

*12 Funding Opportunity Number:

COPS - CHRP - 2009 - 1

*Title:

CHRP

13. Competition Identification Number:

Grayed out

Title:

COPS Hiring Recovery Program

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

City of Hemet

*15. Descriptive Title of Applicant's Project:

Sworn officer Recovery Project

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant:

44th

*b. Program/Project:

44th

17. Proposed Project:

*a. Start Date:

7-1-09

*b. End Date:

6-30-2012

18. Estimated Funding (\$):

*a. Federal

10,148,811

*b. Applicant

N/A

*c. State

N/A

*d. Local

N/A

*e. Other

N/A

*f. Program Income

N/A

*g. TOTAL

10,148,811

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



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

3-18-09



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



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

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

Yes

No

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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

** I AGREE

** The certifications and assurances as well as grant terms and conditions can be found at the end of the application.

Authorized Representative:

Prefix:

Chief

*First Name:

Richard

Middle Name:

L.

*Last Name:

Dana

Suffix:

*Title:

Chief of Police

*Telephone Number:

951-765-2409

Fax Number:

951-765-2474

*Email: rdana@cityofhemet.org	
*Signature (Typed Name) of Authorized Representative:	*Date Signed:

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

<p>*Applicant Federal Debt Delinquency Explanation</p> <p>The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.</p> <p>N/A</p>
--

APPLICATION FOR FEDERAL ASSISTANCE

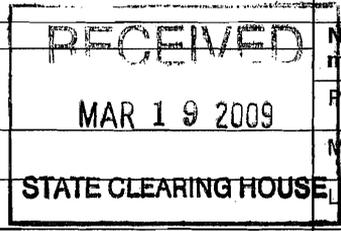
2. DATE SUBMITTED March 13, 2009	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
---	---

5. APPLICANT INFORMATION

Legal Name: COUNTY OF KERN	Organizational Unit: Department: DEPARTMENT OF AIRPORTS
Organizational DUNS: 949169015	Division:
Address: Street: 3701 WINGS WAY, SUITE 300	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR First Name: JACK
City: BAKERSFIELD	Middle Name:
County: KERN	Last Name: GOTCHER
State: CA Zip Code: 93308-7026	Suffix:
Country: USA	Email: airports@lightspeed.net



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 9 2 5	Phone number (give area code): (661) 391-1800	FAX number (give area code): (661) 391-1801
----------------------------	---	---

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **AIRPORT IMPROVEMENT PROGRAM**

9. NAME OF FEDERAL AGENCY
FEDERAL AVIATION ADMINISTRATION

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Taxiway A Improvements

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Bakersfield, CA

13. PROPOSED PROJECT

Start Date July 15, 2009	Ending Date January 1, 2010
------------------------------------	---------------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant 22	b. Project 22
---------------------------	-------------------------

15. ESTIMATED FUNDING

a. Federal	\$	\$4,000,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$	0	.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	\$4,000,000	.00

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

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

DATE: **03/16/09**

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix Mr.	First Name Matthew	Middle Name D.
Last Name Maass		Suffix
b. Title Deputy Director of Airports		c. Telephone number (give area code) (661) 391-1800
d. Signature of Authorized Representative <i>Matthew Maass</i>		e. Date Signed March 13, 2009

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:		*2. Type of Application		* If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision			_____

3. Date Received:	4. Applicant Identifier: CA04402
-------------------	-------------------------------------

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: City of Santa Cruz	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000427	*c. Organizational DUNS: 139116231

d. Address:

*Street 1: 155 Center Street

Street 2: _____

*City: Santa Cruz

County: Santa Cruz

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code: 95060



e. Organizational Unit:

Department Name: Police Department	Division Name:
---------------------------------------	----------------

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

Prefix: _____ *First Name: Zach

Middle Name: _____

*Last Name: Friend

Suffix: _____

Title: Principal Analyst

Organizational Affiliation:
Santa Cruz Police Department

*Telephone Number: (831) 420-5810 Fax Number: (831) 420-5811

*Email: zfriend@ci.santa-cruz.ca.us

Application for Federal Assistance SE-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type

*Other (Specify)

***10 Name of Federal Agency:**

Department of Justice - Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

COPS Hiring Recovery Program

***12 Funding Opportunity Number:**

COPS-CHRP-2009-1

*Title:

COPS Hiring Recovery Program

13. Competition Identification Number:

Title:

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

Cities - City of Santa Cruz

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

Addition of five newly-hired full-time sworn office positions

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type

*Other (Specify)

***10 Name of Federal Agency:**

Department of Justice - Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710 _____

CFDA Title:

COPS Hiring Recovery Program _____

***12 Funding Opportunity Number:**

COPS-CHRP-2009-1 _____

*Title:

COPS Hiring Recovery Program _____

13. Competition Identification Number:

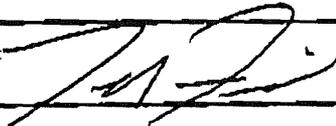
Title:

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

Cities - City of Santa Cruz

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

Addition of five newly-hired full-time sworn office positions

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 17	*b. Program/Project: 17	
17. Proposed Project:		
*a Start Date: 04/01/2009	*b. End Date: 04/01/2012	
18. Estimated Funding (\$):		
*a. Federal	1971350	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	1971350	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>03/19/2009</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: <u>Zach</u>	
Middle Name: _____		
*Last Name: <u>Friend</u>		
Suffix: _____		
*Title: Principal Analyst		
*Telephone Number: (831) 420-5810	Fax Number: (831) 420-5811	
* Email: zfriend@cl.santa-cruz.ca.us		
*Signature of Authorized Representative: 		*Date Signed: 03/19/2009

APPLICATION FOR FEDERAL ASSISTANCE

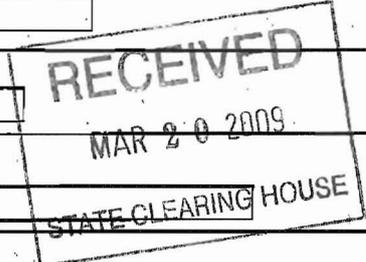
Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Georgetown Divide Public Utility District			Organizational Unit: Department:	
Organizational DUNS: 004989532			Division:	
Address: Street: 6425 main street PO Box 4240 City: Georgetown County: El Dorado State: CA Zip Code: 95635			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: mr. First Name: Henry Middle Name: Norman Last Name: White Suffix:	
Country: USA			Email: hwhite@gd-pud.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 97-6003909			Phone Number (give area code) 530-333-4356	Fax Number (give area code) 530-333-9442
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): water and waste disposal loan and grant program 10-760			9. NAME OF FEDERAL AGENCY: USDA, Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): El Dorado Co			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Auburn Lake Trails WTP Upgrades	
13. PROPOSED PROJECT Start Date: 9/7/09 Ending Date: 12/31/11			14. CONGRESSIONAL DISTRICTS OF: a. Applicant No 4 b. Project No 4	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	4,000,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	1,000,000.00	DATE:	
c. State	\$	.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	5,000,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	mr.	First Name	Henry	Middle Name
Last Name	White			Suffix
b. Title	General manager			c. Telephone Number (give area code)
d. Signature of Authorized Representative	H. N. White			(530) 333-4356
				e. Date Signed
				3/14/09

Application for Federal Assistance SF-424 Version 02

<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
--	--	--

<p>* 3. Date Received:</p> <input type="text" value="Completed by Grants.gov upon submission."/>	<p>4. Applicant Identifier:</p> <input type="text"/>
--	--



<p>5a. Federal Entity Identifier:</p> <input type="text"/>	<p>* 5b. Federal Award Identifier:</p> <input type="text"/>
--	---

State Use Only:

<p>6. Date Received by State:</p> <input type="text"/>	<p>7. State Application Identifier:</p> <input type="text"/>
--	--

6. APPLICANT INFORMATION:

<p>* a. Legal Name: <input type="text" value="Viejias Band of Kumeyaay Indians"/></p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="33-0409825"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="11-289-9542"/>

d. Address:

* Street1:	<input type="text" value="1 Viejias Grade Road"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Alpine"/>
County:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="91901"/>

e. Organizational Unit:

<p>Department Name:</p> <input type="text" value="Viejias Fire Department"/>	<p>Division Name:</p> <input type="text"/>
--	--

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

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Donald"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Butz"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Fire Chief"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	<input type="text" value="619-659-2376"/>	Fax Number:	<input type="text" value="619-659-2397"/>
* Email:	<input type="text" value="dbutz@viejias-nsn.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:

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

* 12. Funding Opportunity Number:

DHS-09-GPD-067-1973

* Title:

Fiscal Year 2009 State Homeland Security Program Tribal (SHSP Tribal)

13. Competition Identification Number:

Title:

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

Tribal lands of the Viejas Band of Kumeyaay Indians, Los Coyotes Band of Cahuilla, Iipay Nation of Santa Ysabel, Mesa Grande Band, La Jolla Band of Luiseno, Pauma Band of Cupeno, Rincon Band of Luiseno, and the San Pasqual Band of Kumeyaay in Sa

* 16. Descriptive Title of Applicant's Project:

Tribal Interoperability & Preparedness Project

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 052	* b. Program/Project CA 052
Attach an additional list of Program/Project Congressional Districts if needed.		
List of Project Congressional	Download Attachment	View Attachment
17. Proposed Project:		
* a. Start Date:	07/01/2009	* b. End Date: 06/30/2012
18. Estimated Funding (\$):		
* a. Federal	1,535,648.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	112,000.00	
* f. Program Income	0.00	
* g. TOTAL	1,647,648.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/>	** 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: Robby
Middle Name:		
* Last Name:	Barrett	
Suffix:		
* Title:	Chairman	
* Telephone Number:	619-445-3810	Fax Number: 619-445-5337
* Email:	bbarrett@viejas-nsn.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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



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.

NOTE: Grant amounts below are tentative based on 2008-09 Continuing Resolution and will be replaced with final data when FY 2009-10 Entitlement amounts are released by HUD.

Date Submitted 05/15/2009	Applicant Identifier B-09-UC-06-0502	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
COUNTY OF KERN		CA69029 KERN COUNTY	
2700 "M" Street, Suite 250		063-811-350	
0		Organizational Unit	
Bakersfield	California	Board of Supervisors	
93301	Country U.S.A.	Division	
Employer Identification Number (EIN):		County: Kern County	
95-6000925		Program Year Start Date (MM/DD) 07/01/2009	
Applicant Type:		Specify Other Type if necessary:	
Local Government: County		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.	
\$CDBG Grant Amount - \$4,999,821	\$Additional HUD Grant(s) Leveraged - \$0	Describe - N/A	
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$196,578		\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$85,000		Other (Describe) - \$1,836,731 (Certificates of Participation; Developer fees; Redevelopment)	
Total Funds Leveraged for CDBG-based Project(s) - \$2,118,309			

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STATE CLEARING HOUSE

Home Investment Partnerships Program		14.239 HOME Applicant Identifier - M-09-UC-06-0517
To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.
\$HOME Grant Amount - \$2,035,782 * (includes \$11,811 of ADDI funds)	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0	\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$0	\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$550,000	Other (Describe)-\$0	
Total Funds Leveraged for HOME-based Project(s) - \$550,000 (Includes Program Income)		

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

Emergency Shelter Grants Program		14.231 ESG Applicant Identifier - S-09-UC-06-0502
The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless.		Metropolitan Bakersfield and the City of Ridgecrest.
\$ESG Grant Amount - \$223,240	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0	\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$212,078	\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$0	Other (Describe)- \$0	
Total Funds Leveraged for ESG-based Project(s) - \$212,078		

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

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

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:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State of California, California Energy Commission

*b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0364962

*c. Organizational DUNS:
002540768

d. Address:

*Street 1: 1516 Ninth Street, MS-42

Street 2: _____

*City: Sacramento

County: Sacramento

*State: CA

Province: _____

*Country: United States

*Zip / Postal Code 95814

e. Organizational Unit:

Department Name:

Division Name:
Executive Office

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

Prefix: Mr. *First Name: John

Middle Name: P.

*Last Name: Butler

Suffix: II

Title: Energy Commission Supervisor II

Organizational Affiliation:

*Telephone Number: (916) 654-4536

Fax Number: (916) 654-4304

*Email: jbutler@energy.state.ca.us

Application for Federal Assistance SF-424

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

***12 Funding Opportunity Number:**

DE-FOA-0000052

*Title:

State Energy Program Formula Grants, American Recovery and Reinvestment Act (ARRA)

13. Competition Identification Number:

Title:

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

Statewide

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

California's State Energy Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-005

*b. Program/Project: CA-all

17. Proposed Project:

*a. Start Date: April 1, 2009

*b. End Date: March 31, 2012

18. Estimated Funding (\$):

*a. Federal	226,093,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	226,093,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on March 23, 2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

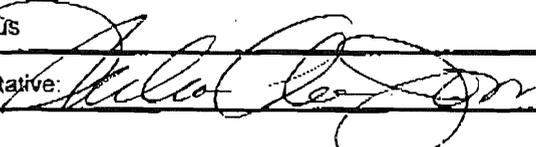
Prefix: Ms. _____ *First Name: Melissa
Middle Name: _____
*Last Name: Jones
Suffix: _____

*Title: Executive Director

*Telephone Number: (916) 654-4996

Fax Number:

* Email: mjones@energy.state.ca.us

*Signature of Authorized Representative: 

*Date Signed: 3/23/09

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:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Phoenix MC, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):
26-1212228

*c. Organizational DUNS:
00-951-7757

d. Address:

*Street 1: 401 S. Doubleday Ave
Street 2: _____
*City: Ontario
County: San Bernardino
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 91761

e. Organizational Unit:

Department Name:
Business Development

Division Name:
none

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

Prefix: Mr *First Name: Alex
Middle Name: _____
*Last Name: Lee
Suffix: _____

Title: Chief Operating Officer

Organizational Affiliation:

*Telephone Number: 909-230-5163

Fax Number: 909-987-2020

*Email: alex@phoenixmotorcars.com

Application for Federal Assistance SF-424

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.041 _____

CFDA Title:

State Energy Program _____

***12 Funding Opportunity Number:**

DE-FOA-0000052 _____

*Title:

State Energy Program Formula Grants _____

13. Competition Identification Number:

Title:

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

State of California affected in lower green house gas emissions.

Counties of San Bernardino, Los Angeles, and Riverside County as the project will increase jobs in those counties.

Cities of Ontario, Riverside, Rancho Cucamonga, Fontana, Upland, Chino, Corona, Claremont, Montclair, Mira Loma, Rialto

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

Electric Light Duty Sport Utility Truck, Rapid Charge, Vehicle-2-Grid and 260kWh Energy Storage Unit Test program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-43

*b. Program/Project: CA-43

17. Proposed Project:

*a. Start Date: July 1, 2009

*b. End Date: June 30, 2010

18. Estimated Funding (\$):

*a. Federal	_____	33,700,000.00
*b. Applicant	_____	6,000,000.00
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	39,700,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3/23/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. _____ *First Name: Kent _____
Middle Name: _____
*Last Name: Redwine _____
Suffix: _____

*Title: VP Corporate Development

*Telephone Number: 415-254-1890 Fax Number: 909-987-2020

* Email: kentr@phoenixmotorcars.com

*Signature of Authorized Representative:

*Date Signed: 3/23/2009

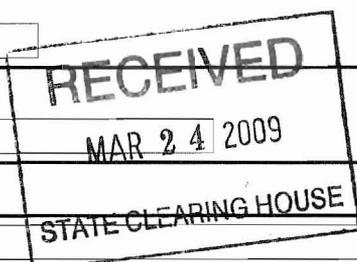
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---

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

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



State Use Only: 6. Date Received by State: _____	7. State Application Identifier: _____
---	--

8. APPLICANT INFORMATION:

* a. Legal Name: India Basin Neighborhood Association

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

d. Address:

* Street1: PO Box 880953
Street2: _____
* City: San Francisco
County: _____
* State: CA
Province: _____
* Country: _____
* Zip / Postal Code: 94188

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: Alex
Middle Name: _____
* Last Name: Lantsberg
Suffix: _____

Title: Member, Board of Directors

Organizational Affiliation:

* Telephone Number: 415-794-2539 Fax Number: _____

* Email: lantsberg@gmail.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit w/o 501c3

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:

66.806

CFDA Title:

Superfund Technical Assistance Grants for Citizen Groups at Priority Sites

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Bayview-Hunters Point neighborhood of San Francisco

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

Hunters Point Shipyard Superfund Cleanup Technical Assistance

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$50,000.00"/>
* b. Applicant	<input type="text" value="\$12,500.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$62,500.00"/>

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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3/24/09

Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/19/2009	CA04700
5a. Federal Entity Identifier:	5a. Federal Award Identifier:



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

8. APPLICANT INFORMATION:		
a. Legal Name: Siskiyou County Sheriff's Department		
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:	
946000537	797523917	

d. Address:	
Street 1:	311 Lane Street
Street 2:	
City:	Yreka
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	96097

e. Organizational Unit:	
Department Name:	Division Name:
Sheriff	

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:			
First Name:	John		
Middle Name:	E		
Last Name:	VILLANI		
Suffix:			
Title:	Captain - Division Commander		
Organizational Affiliation:			
Telephone Number:	5308428152	Fax Number:	5308420125
Email:	john.villani@co.sisqjustice.ca.us		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:**Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Siskiyou County

15. Descriptive Title of Applicant's Project:

Hiring

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

a. Applicant: 2nd

b. Program/Project: CA-002

17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

18. Estimated Funding (\$):

a. Federal 3225600

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 0

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3/24/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: First Name: Brian

Middle Name:

Last Name: McDermott

Suffix:

Title: County Administrator

Telephone Number: 5308428005

Fax Number: 5308428013

Email: bmcdermott@co.siskiyou.ca.us

Signature (Typed Name) of Authorized Representative: Brian McDermott

Date Signed: 3/19/2009

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">MAR 25 2009</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: <u>Town of Paradise</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-2621899</u>		*c. Organizational DUNS: <u>14-014-6627</u>
d. Address:		
*Street 1:	<u>5555 Skyway</u>	
Street 2:	_____	
*City:	<u>Paradise</u>	
County:	<u>Butte</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95969-4931</u>	
e. Organizational Unit:		
Department Name: <u>Business and Housing Services</u>		Division Name: <u>Business and Housing Services Division</u>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Sheri</u>	
Middle Name: _____		
*Last Name: <u>Nix</u>		
Suffix: _____		
Title:	<u>Senior Program Manager</u>	
Organizational Affiliation: <u>Tri-County Economic Development Corporation</u>		
*Telephone Number: <u>(530) 893-8732</u>	Fax Number: <u>(530) 893-0820</u>	
*Email: <u>sheri@tricityedc.org</u>		

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: USDA	
11. Catalog of Federal Domestic Assistance Number: 10-769 CFDA Title: Rural Business Enterprise Grant	
*12 Funding Opportunity Number: *Title:	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Town of Paradise, Magalia, Butte County	
*15. Descriptive Title of Applicant's Project: Small business incubation and mentoring program	

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: 2 *b. Program/Project: 2

17. Proposed Project:
*a. Start Date: 6/1/09 *b. End Date: 5/31/10

18. Estimated Funding (\$):

*a. Federal	\$80,000
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	\$80,000
*f. Program Income	_____
*g. TOTAL	\$160,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on _____
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

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

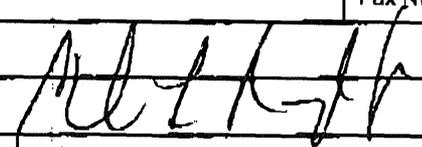
Authorized Representative:

Prefix: _____ *First Name: Chuck
Middle Name: _____
*Last Name: Rough
Suffix: Jr.

*Title: Paradise Town Manager

*Telephone Number: (530) 872-8291 Fax Number: 530) 872-5059

* Email: crough@townofparadise.com

*Signature of Authorized Representative:  *Date Signed: 3/25/09

Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

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 :

3/17/2009

4. Applicant Identifier:

CA00708

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

RECEIVED**MAR 26 2009****STATE CLEARING HOUSE****State Use Only:**

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Pittsburg Police Department

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

946000395

c. Organizational DUNS:

829761480

d. Address:

Street 1: 65 Civic Avenue

Street 2:

City: Pittsburg

County:

State: CA

Province:

Country:

Zip / Postal Code: 94565

e. Organizational Unit:

Department Name:

Pittsburg Police

Division Name:

Support Services

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

Prefix:

First Name: Brian

Middle Name:

Last Name: Addington

Suffix:

Title: Lieutenant

Organizational Affiliation: Pittsburg Police Department

Telephone Number: 9252524888

Fax Number:

9252524813

Email: baddington@ci.pittsburg.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

City of Pittsburg

15. Descriptive Title of Applicant's Project:

Hiring Project

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
a. Applicant: CA-007	b. Program/Project: CA-007	
.7. Proposed Project:		
a. Start Date: 7/1/2009	b. End Date: 7/1/2012	
18. Estimated Funding (\$):		
a. Federal	852562	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	0	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 3/24/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
<p>1. *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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.</p>		
Authorized Representative:		
Prefix:	First Name:	Brian
Middle Name:		
Last Name:	Addington	
Suffix:		
Title:	Lieutenant	
Telephone Number:	9252524888	Fax Number: 9252524813
Email:	baddington@ci.pittsburg.ca.us	
Signature (Typed Name) of Authorized Representative:	Brian Addington	Date Signed: 3/18/2009

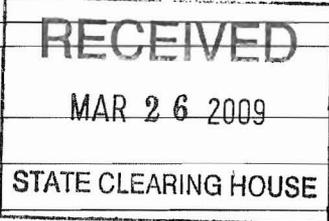
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: CITY OF CLOVERDALE		Organizational Unit: Department: POLICE	
Organizational DUNS: 004952867		Division:	
Address: Street: 112 BROAD STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: CLOVERDALE		Prefix: MRS.	First Name: ANN
County: SONOMA		Middle Name	
State: CA		Last Name: TUREK	
Zip Code: 95425	Suffix:		
Country:		Email: aturek@ci.cloverdale.ca.us	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000310	Phone Number (give area code) (707) 894-2150	Fax Number (give area code) (707) 894-5203
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)
9. NAME OF FEDERAL AGENCY: USDA RUS	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FLEET EQUIPMENT UPGRADE
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF CLOVERDALE
--

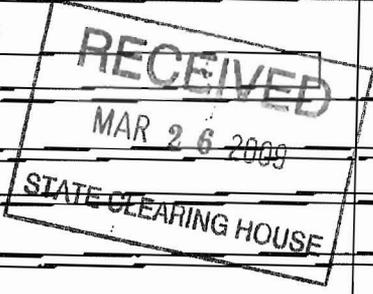
13. PROPOSED PROJECT Start Date: 04/13/09 Ending Date: 05/25/09	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 01 b. Project 01
---	---

15. ESTIMATED FUNDING: \$304,883.00 (See attached)	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$.00	

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

a. Authorized Representative		
Prefix MRS.	First Name ANN	Middle Name
Last Name TUREK		Suffix
b. Title TECHNICAL SERVICES MANAGER		c. Telephone Number (give area code) (707) 894-2150
d. Signature of Authorized Representative <i>Ann Turek</i>		e. Date Signed 03/23/09

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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: Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494		* c. Organizational DUNS: 047120084
d. Address:		
* Street1:	Office of Research, Sponsored Programs	
Street2:	1850 Research Park Drive, Suite 300	
* City:	Davis	
County:	Yolo	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95616	
c. Organizational Unit:		
Department Name:	Tahoe Environmental Res. Ctr.	
Division Name:	John Muir Inst. of the Env.	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	_____	* First Name: George
Middle Name:	_____	
* Last Name:	Molyj	
Suffix:	_____	
Title:	Program Manager	
Organizational Affiliation: Regents of the University of California		
* Telephone Number:	530-752-3938	Fax Number: 530-754-9171
* Email:	gjmolyj@ucdavis.edu	



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-REG9-WP9

* 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:**

Novel Approach for Characterizing Groundwater-Surface Water Interactions in Subalpine Wetlands Using Infrared Imagery

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="192,092.00"/>
* b. Applicant	<input type="text" value="133,980.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="326,072.00"/>

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

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

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

Yes No

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

-- I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

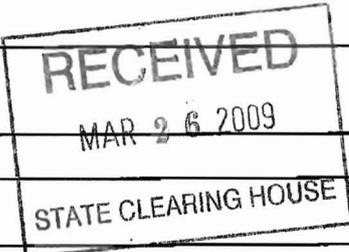
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

OMB Number: 4040-0004

Expiration Date: 01/31/2009

1. Type of Submission:		2. Type of Application:		If Revision, select appropriate letter(s)			
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		Other (Specify) _____			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation					
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision					
3. Date Received :		4. Applicant Identifier:					
3/23/2009		CA00403					
5a. Federal Entity Identifier:		5a. Federal Award Identifier:					
							
State Use Only:							
6. Date Received by State:		7. State Application Identifier:					
8. APPLICANT INFORMATION:							
a. Legal Name: Gridley, City of							
b. Employer/Taxpayer Identification Number (EIN/TIN):			c. Organizational DUNS:				
946000344			040477788				
d. Address:							
Street 1:		685 Kentucky St					
Street 2:							
City:		Gridley					
County:							
State:		CA					
Province:							
Country:							
Zip / Postal Code:		95948					
e. Organizational Unit:							
Department Name:			Division Name:				
Police							
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix:							
First Name:		Gary					
Middle Name:							
Last Name:		Keeler					
Suffix:							
Title:		Chief					
Organizational Affiliation:		City of Gridley					
Telephone Number:		5308465678		Fax Number: 5308460411			
Email:		gkeeler@gridley.ca.us					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:**Office of Community Oriented Policing Services****11. Catalog of Federal Domestic Assistance Number:**

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Cities of Gridley and Biggs

15. Descriptive Title of Applicant's Project:

2009 COPS Application

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
a. Applicant: 2	b. Program/Project: 2	
17. Proposed Project:		
a. Start Date: 7/1/2009	b. End Date: 6/30/2013	
18. Estimated Funding (\$):		
a. Federal	99000	
b. Applicant		
c. State		
d. Local		
e. Other		
f. Program Income		
g. TOTAL	0	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 3/30/2009	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E. O. 12372	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<p>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)</p> <p>By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p>** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.</p>		
Authorized Representative:		
Prefix:	First Name:	Gary
Middle Name:		
Last Name:	Keeler	
Suffix:		
Title:	Chief	
Telephone Number:	5308465670	Fax Number: 5308460411
Email:	gkeeler@gridley.ca.us	
Signature (Typed Name) of Authorized Representative:	Gary Keeler	Date Signed: 3/23/2009

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 03/26/2009	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>		
B. APPLICANT INFORMATION: * a. Legal Name: City of Santa Barbara		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000787	* c. Organizational DUNS: 026073929	
d. Address: * Street1: P.O. Box 1990 Street2: 620 Laguna Street * City: Santa Barbara County: Santa Barbara * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 93102		
e. Organizational Unit: Department Name: Parks and Recreation Division Name: Creeks		
f. Name and contact information of person to be contacted on matters involving this application: Prefix: Mr. * First Name: George Middle Name: * Last Name: Johnson Suffix: Title: Creeks Supervisor Organizational Affiliation: * Telephone Number: 805-897-1958 Fax Number: 805-897-2626 * Email: GJohnson@SantaBarbaraCA.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NOAA-NMFS-HCFO-2009-2001709

* Title:

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

13. Competition Identification Number:

21.11924

Title:

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

* 15. Descriptive Title of Applicant's Project:

Mission Creek Fish Passage Project at the Tallant Road Bridge

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-023

* b. Program/Project CA-023

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

17. Proposed Project:

* a. Start Date: 06/01/2009

* b. End Date: 11/01/2009

18. Estimated Funding (\$):

* a. Federal	785,000.00
* b. Applicant	129,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	913,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/26/2009.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

 ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Cameron

Middle Name:

* Last Name: Benson

Suffix:

* Title: Creeks Restoration/Clean Water Manager

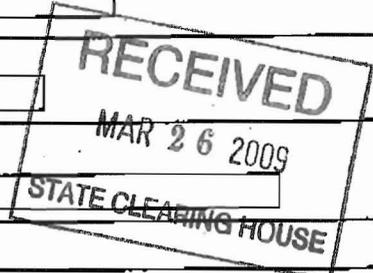
* Telephone Number: 805-897-2658 Fax Number: 805-897-2626

* Email: CBenson@SantaBarbaraCA.gov

* Signature of Authorized Representative: Cameron Benson * Date Signed: 03/26/2009

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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: 03/26/2009	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: City of Santa Barbara					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000787	* c. Organizational DUNS: 026073929				
d. Address:					
* Street1:	P.O. Box 1990				
Street2:	620 Laguna Street				
* City:	Santa Barbara				
County:	Santa Barbara				
* State:	CA: California				
Province:	_____				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	93102				
e. Organizational Unit:					
Department Name: Parks and Recreation	Division Name: Creeks				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: George	_____			
Middle Name: _____	_____				
* Last Name: Johnson	_____				
Suffix: _____	_____				
Title: Creeks Supervisor	_____				
Organizational Affiliation: _____					
* Telephone Number: 805-897-1958	Fax Number: 805-897-2626				
* Email: GJohnson@SantaBarbaraCA.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2009-2001709

*** Title:**

Coastal and Marine Habitat Restoration Project Grants - Recovery Act

13. Competition Identification Number:

2141924

Title:

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

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

Mission Creek Fish Passage Project at the CalTrans Channels

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-023

* b. Program/Project CA-023

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

17. Proposed Project:

* a. Start Date: 04/15/2010

* b. End Date: 10/31/2010

18. Estimated Funding (\$):

* a. Federal	6,419,000.00
* b. Applicant	728,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,147,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/26/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

 ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Cameron

Middle Name:

* Last Name: Benson

Suffix:

* Title: Creeks Restoration/Clean Water Manager

* Telephone Number: 805-897-2658 Fax Number: 805-897-2626

* Email: CBenson@SantaBarbaraCA.gov

* Signature of Authorized Representative: Cameron Benson * Date Signed: 03/26/2009

Authorized for Local Reproduction

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

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

3. DATE RECEIVED BY STATE _____
State Application Identifier _____

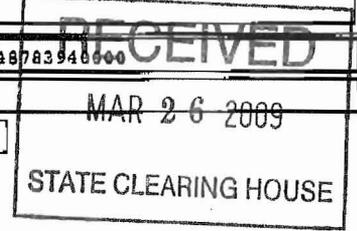
1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier _____
b. Agency Routing Number _____

2. DATE SUBMITTED _____
Applicant Identifier
20091250GROSS

5. APPLICANT INFORMATION * Organizational DUNS: 0948783940000

* Legal Name: Regents of the University of California
 Department: Office of Research Division: _____
 * Street1: UCSB
 Street2: _____
 * City: Santa Barbara County / Parish: Santa Barbara
 * State: CA: California Province: _____
 * Country: USA: UNITED STATES * ZIP / Postal Code: 93106-2050



Person to be contacted on matters involving this application
 Prefix: Mr. * First Name: Kevin Middle Name: _____
 * Last Name: Stewart Suffix: _____
 * Phone Number: 805-893-4034 Fax Number: 805-893-2611
 Email: stewart@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-6006145W

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: If Revision, mark appropriate box(es).
 New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision 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:
 The Physics of Higher Temperature Superconductivity

12. PROPOSED PROJECT: * Start Date: 06/01/2009 * Ending Date: 05/31/2010
*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-23

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
 Prefix: Prof. * First Name: David Middle Name: J
 * Last Name: Gross Suffix: _____
 Position/Title: Director/Professor
 * Organization Name: Regents of the University of California
 Department: KITP Division: _____
 * Street1: Kohn Hall
 Street2: UCSB
 * City: Santa Barbara County / Parish: Santa Barbara
 * State: CA: California Province: _____
 * Country: USA: UNITED STATES * ZIP / Postal Code: 93106-4030
 * Phone Number: 805-893-7337 Fax Number: 805-893-2431
 * Email: gross@kitp.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="27,670.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text" value="03/26/2009"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="27,670.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

18. SFLLL or other Explanatory Documentation

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
----------------------	---	--	--

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

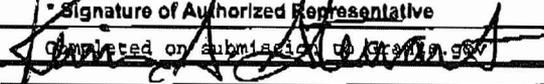
* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative

* Date Signed


Completed on submission to Grants.gov

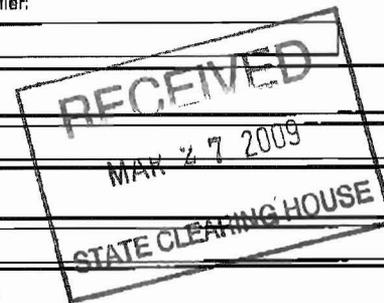
Completed on submission to Grants.gov

20. Pre-application

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
----------------------	---	--	--

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Regents University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6036494	* c. Organizational DUNS: 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: Sponsored Programs	Division Name: Office of Research	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Dec	
Middle Name: _____	* Last Name: Madderra	
Suffix: _____	Title: MSO	
Organizational Affiliation: Plant Sciences, UC Davis		
* 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: <input type="text" value="H: Public/State Controlled Institution of Higher Education"/>	
Type of Applicant 2: Select Applicant Type: <input type="text"/>	
Type of Applicant 3: Select Applicant Type: <input type="text"/>	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="Environmental Protection Agency"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="66.461"/>	
CFDA Title: <input type="text" value="Regional Wetland Program Development Grants"/>	
* 12. Funding Opportunity Number: <input type="text" value="EPA-REG9-WP9"/>	
* Title: <input type="text" value="Region 9 Wetland Program Development Grants"/>	
13. Competition Identification Number: <input type="text"/>	
Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="California, Sacramento Valley, San Joaquin Valley, San Francisco Bay and Central California Coast"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Developing ecological standards for compensatory mitigation of California vernal pools"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachment"/> <input type="button" value=""/> <input type="button" value=""/>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-ALL"/>	* b. Program/Project <input type="text" value="CA-ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="09/01/2009"/>	* b. End Date: <input type="text" value="08/31/2011"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="324,694.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="116,000.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="440,694.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="03/27/2009"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
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)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Mario"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Rossi"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Contracts and Grant Analyst"/>	
* Telephone Number:	<input type="text" value="530-754-7700"/>	* Fax Number: <input type="text" value="530-754-8367"/>
* Email:	<input type="text" value="mrossi@ucdavis.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 27 2009 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="SAN JOSE STATE UNIVERSITY"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="770414438"/>		* c. Organizational DUNS: <input type="text" value="050520840"/>
d. Address:		
* Street1:	<input type="text" value="One Washington Square"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="San Jose"/>	
County:	<input type="text"/>	
* State:	<input type="text" value="CA: California"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="95192"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Moss Landing Marine Laboratori"/>		Division Name: <input type="text" value="College of Science"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text" value="Dr."/>	* First Name: <input type="text" value="Pamela"/>
Middle Name:	<input type="text" value="C."/>	
* Last Name:	<input type="text" value="Stacks"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="AVP Graduate Studies and Research"/>	
Organizational Affiliation: <input type="text" value="San Jose State University"/>		
* Telephone Number:	<input type="text" value="408-924-2488"/>	Fax Number: <input type="text" value="408-924-2612"/>
* Email: <input type="text" value="pstacks@jupiter.sjsu.edu or Pamela.Stacks@sjsu.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-REG9-WP9

* Title:

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Moss Landing and Morro Bay, California

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

Development of the Morro Bay Historical Ecology 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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	259,510.00
* b. Applicant	86,503.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	346,013.00

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only: 6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="SAN JOSE STATE UNIVERSITY"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="770414438"/>		* c. Organizational DUNS: <input type="text" value="050520840"/>
d. Address:		
* Street1: <input type="text" value="One Washington Square"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="San Jose"/>		
County: <input type="text"/>		
* State: <input type="text" value="CA: California"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="95192"/>		
e. Organizational Unit:		
Department Name: <input type="text" value="Moss Landing Marine Laboratory"/>		Division Name: <input type="text" value="College of Science"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Dr."/>		* First Name: <input type="text" value="Pamela"/>
Middle Name: <input type="text" value="C."/>		
* Last Name: <input type="text" value="Stacks"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="AVP Graduate Studies and Research"/>		
Organizational Affiliation: <input type="text" value="San Jose State University"/>		
* Telephone Number: <input type="text" value="408-924-2488"/>		Fax Number: <input type="text" value="408-924-2612"/>
* Email: <input type="text" value="pstacks@jupiter.sjsu.edu or Pamela.Stacks@sjsu.edu"/>		

RECEIVED

MAR 27 2009

STATE CLEARING HOUSE

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <input type="text" value="H: Public/State Controlled Institution of Higher Education"/>	
Type of Applicant 2: Select Applicant Type: <input type="text"/>	
Type of Applicant 3: Select Applicant Type: <input type="text"/>	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="Environmental Protection Agency"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="66.461"/>	
CFDA Title: <input type="text" value="Regional Wetland Program Development Grants"/>	
* 12. Funding Opportunity Number: <input type="text" value="EPA-REG9-WP9"/>	
* Title: <input type="text" value="Region 9 Wetland Program Development Grants"/>	
13. Competition Identification Number: <input type="text"/>	
Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Coastal California, particularly wetland areas of Moss Landing, Morro Cojo, Morro Bay, Humboldt, San Francisco"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Using New Methodologies to Assess Seasonally Tidal Estuaries along the California Coastline"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="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	16	* b. Program/Project
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	09/01/2009	* b. End Date:
18. Estimated Funding (\$):		
* a. Federal	311,466.00	
* b. Applicant	103,822.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	415,288.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	03/27/2009
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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:
Middle Name:	C.	
* Last Name:	Stacks	
Suffix:		
* Title:	AVP Graduate Studies and Research	
* Telephone Number:	409-924-2488	Fax Number:
		409-924-2612
* Email:	pamela.stacks@sjau.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
B. APPLICANT INFORMATION:					
* a. Legal Name: SAN JOSE STATE UNIVERSITY					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 770414438			* c. Organizational DUNS: 050520840		
d. Address:					
* Street1:	One Washington Square				
* Street2:	_____				
* City:	San Jose				
* County:	_____				
* State:	CA: California				
* Province:	_____				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95112				
e. Organizational Unit:					
Department Name: Moos Landing Marine Laboratori			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	Dr.	* First Name:	Pamela		
Middle Name:	C.				
* Last Name:	Stacks				
Suffix:	_____				
Title:	AVP Graduate Studies and Research				
Organizational Affiliation: San Jose State University					
* Telephone Number:	408-924-2488	Fax Number:	408-924-2612		
* Email:	pamela.stacks@sjsu.edu				

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MAR 27 2009

STATE CLEARING HOUSE

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-REG9-WP9

* Title:

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

California Central Valley wetland areas

* 15. Descriptive Title of Applicant's Project:

Developing Guidance to Minimize Effects of Restoring and Managing Wetlands in Mercury-Impacted Areas

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 D2
16. Congressional Districts Of:		
* a. Applicant	16	* b. Program/Project 17
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	09/01/2009	* b. End Date: 08/31/2012
18. Estimated Funding (\$):		
* a. Federal	195,000.00	
* b. Applicant	65,000.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	260,000.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 03/27/2009		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: Pamela
Middle Name:	C.	
* Last Name:	Stacks	
Suffix:		
* Title:	AVP Graduate Studies and Research	
* Telephone Number:	408-924-2488	Fax Number: 408-924-2612
* Email:	Pamela.Stacks@jeu.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation * Other (Specify) <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
B. APPLICANT INFORMATION:		
* a. Legal Name: Humboldt Bay Harbor, Recreation and Conservation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2262845		* c. Organizational DUNS: 184473049
d. Address:		
* Street1:	601 Startare Drive	
Street2:		
* City:	Eureka	
County:		
* State:	California	
Province:		
* Country:	USA	
* Zip / Postal Code:	95501	
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:	Chad
Middle Name:		
* Last Name:	Roberts	
Suffix:		
Title:	District Planner	
Organizational Affiliation:		
* Telephone Number:	707-443-0801; also 530-219-1288 direct	Fax Number: 707-443-0800
* Email:	rcr@robertsecp.com	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <input type="checkbox"/> D. Special District Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify):	
* 10. Name of Federal Agency: US Environmental Protection Agency, Region 9	
11. Catalog of Federal Domestic Assistance Number: 66.461 CFDA Title:	
* 12. Funding Opportunity Number: EPA-REG9-WP9 * Title: Region 9 Wetland Program Development Grants	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Humboldt Bay, Humboldt Bay watershed, County of Humboldt, City of Eureka, City of Arcata, Wiyot tribal lands, State of California tidelands	
* 15. Descriptive Title of Applicant's Project: Humboldt Bay Watershed Wetland Assessment and Mitigation Plan Project	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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.

17. Proposed Project:
 * a. Start Date: 07/01/09 * b. End Date: 12/31/11

18. Estimated Funding (\$):

* a. Federal	\$289,740.00
* b. Applicant	\$30,000.00
* c. State	\$67,400.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$367,140.00

* 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 03/29/09
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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: Middle Name: * First Name: Chad
 * Last Name: Roberts
 Suffix:
 * Title: District Planner
 * Telephone Number: 707-443-0801; also 530-219-1288 direct Fax Number: 707-443-0800
 * Email: rcr@robertsecp.com
 * Signature of Authorized Representative: R.C. Roberts Date Signed: 29 March 2009

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: City of Yreka		Organizational Unit: Department: Wastewater	
Organizational DUNS: 08-700-5435	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>MAR 30 2009</p> <p>STATE CLEARING HOUSE</p> </div>	Division: Public Works	
Address: Street: 701 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Yreka		Prefix: Mr.	First Name: Steven
County: Siskiyou		Middle Name: D.	Last Name: Nail
State: CA	Zip Code: 96097	Suffix: P.E.	Email: steve@ci.yreka.ca.us
Country: USA			

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001437		Phone Number (give area code): (530) 841-2386	Fax Number (give area code): (530) 842-4836
---	--	--	--

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

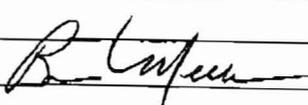
9. NAME OF FEDERAL AGENCY: USDA, Rural Development
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Wastewater Loan and Grant 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater System Improvements
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Yreka, Siskiyou County, CA	

13. PROPOSED PROJECT Start Date: May 2009 Ending Date: December 2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 2 - Wally Herger b. Project: District 2 - Wally Herger
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 3,720,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0	
g. TOTAL \$ 3,720,000	

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

a. Authorized Representative		
Prefix: Mr.	First Name: Brian	Middle Name:
Last Name: Meek	Suffix:	
b. Title: City Manager	c. Telephone Number (give area code): (530) 841-2386	
d. Signature of Authorized Representative: 	e. Date Signed: 3-6-09	

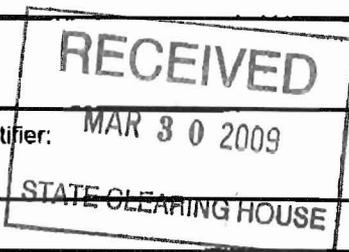
Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
--	---	--

3. Date Received:	4. Applicant Identifier:
--------------------------	---------------------------------

5a. Federal Entity Identifier: 10.767	*5b. Federal Award Identifier: 04 023 680346089
---	---



State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Economic Development & Financing Corporation	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0346089	*c. Organizational DUNS: 943372839

d. Address:

*Street 1:	<u>631 S. Orchard Ave</u>
Street 2:	_____
*City:	<u>Ukiah,</u>
County:	<u>Mendocino</u>
*State:	<u>Ca</u>
Province:	_____
*Country:	<u>United States of America</u>
*Zip / Postal Code	<u>95482</u>

e. Organizational Unit:

Department Name: N/A	Division Name: N/A
--------------------------------	------------------------------

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

Prefix: <u>Ms.</u>	*First Name: <u>Jacqueline</u>
Middle Name: <u>A</u>	
*Last Name: <u>Anslow</u>	
Suffix: _____	

Title: <u>Executive Administrator</u>
--

Organizational Affiliation: N/A

*Telephone Number: 707-467-5912	Fax Number: 707-467-5901
--	---------------------------------

*Email: <u>jackie@edfc.org</u>

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.767

CFDA Title:

USDA- Intermediary Relending Program

***12 Funding Opportunity Number:**

*Title:

Intermediary Relending Program Application

13. Competition Identification Number:

Title:

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

Mendocino County, California

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

Intermediary Relending Program Application- Continuation

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-001

*b. Program/Project: CA-001

17. Proposed Project:

*a. Start Date: 03/31/2009

*b. End Date: 03/31/2011

18. Estimated Funding (\$):

*a. Federal	300,000.00
*b. Applicant	75,000.00
*c. State	0
*d. Local	500,000.00
*e. Other	0
*f. Program Income	0
*g. TOTAL	875,000.00

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr _____ *First Name: Donald _____
Middle Name: A _____
*Last Name: Ballek _____
Suffix: _____

*Title: Executive Director

*Telephone Number: 707-467-5953

Fax Number: 707-467-5953

* Email: Don@edfc.org

*Signature of Authorized Representative

*Date Signed: 03/30/2009

3/30/09

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

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MAR 30 2009

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Association of Bay Area Governments

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

94-2832478

*** c. Organizational DUNS:**

07-907-3920

d. Address:

*** Street1:** P.O. Box 2050

Street2: 101 Eighth Street

*** City:** Oakland

County: Alameda

*** State:** CA

Province:

*** Country:** USA

*** Zip / Postal Code:** 94604-2050

e. Organizational Unit:

Department Name:

San Francisco Estuary Project

Division Name:

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

Prefix: Ms.

*** First Name:** Judy

Middle Name: A.

*** Last Name:** Kelly

Suffix:

Title: Director, San Francisco Estuary Project

Organizational Affiliation:

Association of Bay Area Governments

*** Telephone Number:** 510-622-8137

Fax Number: 510-622-2501

*** Email:** jakelly@waterboards.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

E. Regional organization-local governments

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-461

CFDA Title:

Region 9 Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP9

* Title:

Region 9 Wetland Program Development Grants (Clean Water Act Section 104(b)(3))

13. Competition Identification Number:

Title:

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

Mouth of Schoolhouse Creek entrance to central San Francisco Bay in East Bay Regional Park District, Berkeley, Alameda County

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

Schoolhouse Creek Mouth Wetlands Restoration Plan: Creating Resilience to Climate Change and Sea Level Rise

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$100,000.00"/>
* b. Applicant	<input type="text" value="\$25,025.54"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$125,025.54"/>

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

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

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

Yes No

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

** I AGREE

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

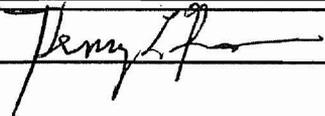
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

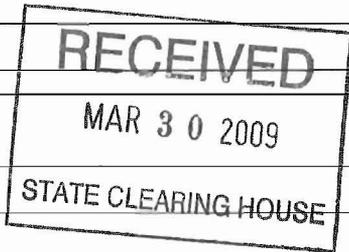
* Email:

* Signature of Authorized Representative:  * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04/16/2007	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Farm Conference		Department:	
Organizational DUNS: 054773432		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: PO Box 73614		Prefix: Mr.	First Name: Alien
City: Davis		Middle Name Joseph	
County:		Last Name Moy	
State: CA	Zip Code 95617	Suffix:	
Country: USA		Email: allenmoy@pcfma.com	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0079922	Phone Number (give area code) 925-825-9090	Fax Number (give area code) 925-825-9101
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for profit Organization Other (specify)	
9. NAME OF FEDERAL AGENCY: USDA		

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Small Farm Conference Outreach Project
TITLE (Name of Program): Rural Business Enterprise Grants	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA:Fresno, Imperial, Kings, Riverside, San Bernadino, San Diego, Tulare,Ventura	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	
Start Date: May 1, 2009	Ending Date: April 30, 2010	a. Applicant 01
		b. Project 49,50,51,52,53,20,21,22,41,45

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 70,100.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 27, 2009
b. Applicant \$ 6,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other Fundraising underway \$ 2,500.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 21,000.00	
g. TOTAL \$ 99,600.00	

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

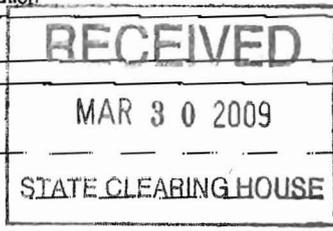
a. Authorized Representative		
Prefix Mr.	First Name Allen	Middle Name Joseph
Last Name Moy		Suffix
b. Title President		c. Telephone Number (give area code) 925-825-9090
d. Signature of Authorized Representative		e. Date Signed 03/27/2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pro-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/30/2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Sierra Economic Development Corporation		Department:	
Organizational DUNS: 08-885-6865		Division:	
Address: Street: 560 Wall Street, Suite F City: Auburn County: Placer State: CA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Brent Middle Name: Last Name: Smith Suffix:	
Zip Code: 95603		Email: brent@sedcorp.biz	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1706043		Phone Number (give area code) 530-823-4703	Fax Number (give area code) 530-823-4142
--	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) || ||		7. TYPE OF APPLICANT: (See back of form for Application Types.) 0 Other (specify) Nonprofit
--	--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asset Inventory and Tourism Plan for Sierra County
--	--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sierra County, City of Loyalton	
--	--

13. PROPOSED PROJECT Start Date: 10/01/2009		Ending Date: 09/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant McClintock - 4	b. Project McClintock - 4
---	--	----------------------------	---	------------------------------

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 30, 2009
b. Applicant	\$.00	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372
c. State	\$.00	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input checked="" type="checkbox"/> Yes if "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 75,000.00		

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

a. Authorized Representative		b. Title	
Prefix Mr.	First Name Brent	Middle Name	
Last Name Smith		Suffix	
c. Telephone Number (give area code) 530-823-4703		d. Signature of Authorized Representative <i>Brent Smith</i>	
e. Date Signed			

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)

03/30/2009

3. Date Received:

4. Applicant Identifier:

CA00106

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

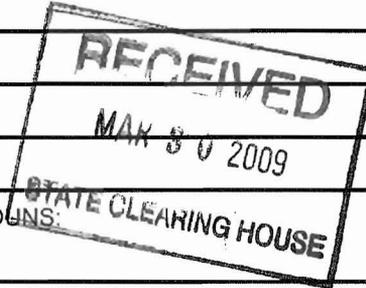
7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Hayward

*b. Employer/Taxpayer Identification Number (EIN/TIN):
946000346

*c. Organizational DUNS:
040010175



d. Address:

*Street 1: 300 West Winton Avenue
Street 2: _____
*City: Hayward
County: Alameda
*State: California
Province: _____
*Country: USA
*Zip / Postal Code: 94544

e. Organizational Unit:

Department Name:
Police Department

Division Name:
Office of the Chief of Police

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

Prefix: _____ *First Name: Mark
Middle Name: D
*Last Name: Koller
Suffix: _____

Title: Police Lieutenant

Organizational Affiliation:
Personnel & Training Manager

*Telephone Number: 510-293-7093

Fax Number:

*Email: mark.koller@hayward-ca.gov

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710 _____

CFDA Title:

Public Safety Partnership and Community Policing Grants _____

***12 Funding Opportunity Number:**

COPPS-CHRP-2009-1 _____

*Title:

CHRP _____

13. Competition Identification Number:

Title:

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

City of Hayward, CA

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

Pro-Active Community Policing

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 13th		*b. Program/Project: 13th
17. Proposed Project:		
*a. Start Date: 07/01/2009		*b. End Date: 06/30/2013
18. Estimated Funding (\$):		
*a. Federal	4,032,027.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	4,032,027.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>03/26/2009</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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: <u>Ron</u> _____	
Middle Name: _____		
*Last Name: <u>Ace</u> _____		
Suffix: _____		
*Title: Chief of Police		
*Telephone Number: 510-293-7056		Fax Number: _____
* Email: ron.ace@hayward-ca.gov		
*Signature of Authorized Representative: electronic - Ron Ace		*Date Signed: 03/26/2009

SF-424

Page 1 of 1



Application for Federal Assistance SF-424

8. APPLICANT INFORMATION:

*a. Legal Name:

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

*c. Organizational
DUNS:

d. Address:

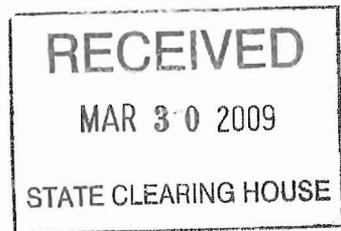
*Street1:

Street2:

*City:

*State:

*Zip / Postal Code:



Reminder:
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.



SF-424

Page 1 of 1



Application for Federal Assistance SF-424

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:

Middle Name:

*Last Name:

Suffix:

Title:

Organizational Affiliation:

*Telephone Number: Fax Number:

*Email:



Reminder:
To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your data will be lost.



SF-424

Page 1 of 2



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:

Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Reminder: To save your data, click the "Save" or "Next" button. If you don't do this before returning to the previous page, your

1. Type of Submission:	2. Type of Application:	If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	

3. Date Received :	4. Applicant Identifier:
3/24/2009	CA02803

5a. Federal Entity Identifier:	5a. Federal Award Identifier:
--------------------------------	-------------------------------

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

**8. APPLICANT INFORMATION:**

a. Legal Name: SAINT HELENA PD	
b. Employer/Taxpayer Identification Number (EIN/TIN):	c. Organizational DUNS:
946000411	094873064

d. Address:	
Street 1:	1480 main st
Street 2:	
City:	saint helena
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	94574

e. Organizational Unit:	
Department Name:	Division Name:
Saint Helena Police Dept.	

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	Mr
First Name:	William
Middle Name:	
Last Name:	Imboden
Suffix:	
Title:	Sergeant
Organizational Affiliation:	
Telephone Number:	7079672850
Fax Number:	
Email:	williami@ci.st-helena.ca.us

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

city of Saint Helena

15. Descriptive Title of Applicant's Project:

Additional Line-Level Staffing

16. Congressional Districts Of:

a. Applicant: First

b. Program/Project: First

17. Proposed Project:

a. Start Date: 7/1/2009

b. End Date: 6/30/2012

18. Estimated Funding (\$):

a. Federal	672126
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	672126

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3/31/2009
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes 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)

By clicking this box and typing my name below, I also certify that I have been legally and officially authorized by the appropriate governing body to submit this application and act on behalf of the grant applicant entity. I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide, the COPS Grant Owner's Manual, assurances, certifications and all other applicable program regulations, laws, orders, or circulars. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

I AGREE

** The certifications and assurances as well as grant terms and conditions can be reviewed at www.cops.usdoj/????.

Authorized Representative:

Prefix: First Name: William

Middle Name:

Last Name: Imboden

Suffix:

Title: Sergeant

Telephone Number: 7079672850 Fax Number:

Email: williami@ci.st-helena.ca.us

Signature (Typed Name) of Authorized Representative: William Imboden

Date Signed: 3/27/2009