

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance 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:

RECEIVED

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

MAR 16 2010

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

San Francisco State University

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

93-1137247

\* c. Organizational DUNS:

942514985

d. Address:

\* Street1:

1600 Holloway Avenue

Street2:

\* City:

San Francisco

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94132

e. Organizational Unit:

Department Name:

NERR

Division Name:

Science and Engineering

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

Prefix:

Dr.

\* First Name:

Jaime

Middle Name:

\* Last Name:

Kooser

Suffix:

Title:

Director

Organizational Affiliation:

\* Telephone Number:

(415) 338-3703

Fax Number:

(415) 435-7120

\* Email:

jkooser@sfsu.edu

**Application for Federal Assistance SF-424**

Version 02

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

R: 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:**

Department of Commerce

**11. Catalog of Federal Domestic Assistance Number:**

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

**\* 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2010-2002334

\* Title:

PY10 National Estuarine Research Reserve Operations July 1-Sept 1 Start Dates

**13. Competition Identification Number:**

Title:

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

SF Bay Area

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

NERR Operations July, 2010 - December, 2011

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="588,995.00"/>
* b. Applicant	<input type="text" value="239,027.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="17,659.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="845,621.00"/>

\* 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 21B, 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:

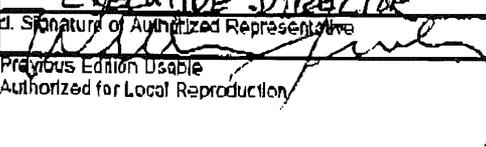
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Version 7/03

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
3. APPLICANT INFORMATION			
Legal Name: <b>PRIVATE INDUSTRY COUNCIL OF BUTTE COUNTY, INC</b>		Organizational Unit: Department:	
Organizational DUNS: <b>161508924</b>		Division:	
Address: Street: <b>202 MIRA LOMA DRIVE</b>		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name:	
City: <b>ORVILLE</b>		Middle Name	
County:		Last Name	
State: <b>CA</b>	Zip Code <b>95945</b>	Suffix:	
Country:		Email:	
5. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>68-0023615</b>		Phone Number (give area code)	Fax Number (give area code)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <b>10-7.66 Community Facility Direct Loan</b>		9. NAME OF FEDERAL AGENCY: <b>USDA RURAL DEVELOPMENT</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>BUTTE COUNTY, CALIFORNIA</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>CLEANTECH INNOVATION CENTER</b>	
13. PROPOSED PROJECT Start Date: <b>APRIL 1, 2010</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>TOM MCCLEINTOCK</b>	
Ending Date: <b>JUNE 30, 2010</b>		b. Project <b>TOM MCCLEINTOCK</b>	
15. ESTIMATED FUNDING: a. Federal \$ <b>*3,100,000.00</b>		16. IS APPLICATION SUBJECT TO 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:	
b. Applicant \$		b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local \$			
e. Other \$			
f. Program Income \$			
g. TOTAL \$ <b>*3,100,000.00</b>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name <b>WILLIAM</b>	Middle Name <b>A.</b>	
Last Name <b>FINLEY</b>	Suffix		
b. Title <b>EXECUTIVE DIRECTOR</b>	c. Telephone Number (give area code) <b>(530) 538-1379</b>		
d. Signature of Authorized Representative 	e. Date Signed <b>4/20/2010</b>		

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Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input checked="" type="checkbox"/> Construction		<b>3. DATE RECEIVED BY STATE</b>	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
Legal Name: Lake Shastina Community Services District			Organizational Unit: Department:		
Organizational DUNS: 784378254			Division:		
Address: Street: 18320 Everhart Drive			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Weed			Prefix: Mr.	First Name: John	
County: Siskiyou			Middle Name		
State: CA			Last Name McCarthy		
Zip Code 96094			Suffix:		
Country: USA			Email: john@lakeshastina.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2623194			Phone Number (give area code) 530-938-3281 ext. 103		Fax Number (give area code) 530-938-4739
<b>8. TYPE OF APPLICATION:</b> <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)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Rural Utility Services - Water and Waste Water			<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lake Shastina			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Wastewater Pond Expansion Project		
<b>13. PROPOSED PROJECT</b> Start Date: 6/01/2011			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 - Wally Herger		
Ending Date: 10/31/2011			b. Project District 2 - Wally Herger		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	622,750	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	00	DATE: 3/09/2010		
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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	622,750			
<b>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.</b>					
a. Authorized Representative					
Prefix Mr.		First Name John		Middle Name	
Last Name McCarthy		Suffix			
b. Title General Manager		c. Telephone Number (give area code) (530) 938-3281 ext. 103			
d. Signature of Authorized Representative		e. Date Signed 03/09/2010			

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MAR 18 2010

STATE CLEARING HOUSE

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

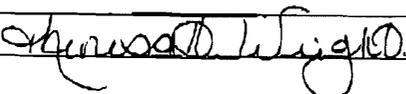
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 26, 2010		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Food Bank of Nevada County			Organizational Unit: Department:		
Organizational DUNS: 796658227			Division:		
Address: Street: 578 Sutton Way #187			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Grass Valley, Ca. 95945			Prefix:		First Name: Toni
County:			Middle Name		
State: California			Last Name Thompson		
Zip Code: 95945			Suffix:		
Country: Nevada County, California			Email: foodbank@att.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0083105			Phone Number (give area code) 530 272-3796		Fax Number (give area code) 530 272-7085
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) Non-Profit Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of new building in order to meet the needs of Nevada County's hungry		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nevada County, California					
13. PROPOSED PROJECT Start Date: As soon as possible			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th		
Ending Date: As soon as grant and loan are obtained			b. Project 4th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	350,000 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	150,000 <sup>00</sup>	DATE:		
c. State	\$	<sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other grant	\$	100,000 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	600,000 <sup>00</sup>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Toni		Middle Name	
Last Name Thompson				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) 530 272-3796	
d. Signature of Authorized Representative <i>Toni Thompson</i>				e. Date Signed March 18, 2010	

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 3/18/10	<b>Applicant Identifier</b>	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> Ore-Cal Resource Conservation & Development Area Council		<b>Organizational Unit:</b> Department:		
<b>Organizational DUNS:</b> 01-926-4681		Division:		
<b>Address:</b> Street: PO Box 1180 611 Main St		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Tulelake		Prefix:	First Name: Theresa	
County: Siskiyou		Middle Name: A		
State: CA	Zip Code: 96134	Last Name: Wright		
Country: United States		Suffix:		
		Email: rcd@rcat.net		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0323502		Phone Number (give area code) 530-667-4247x108	Fax Number (give area code) 530-667-3125	
<b>8. TYPE OF APPLICATION:</b> 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"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O: Not for Profit Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Implementation of Area and Annual Plan 10-901		<b>9. NAME OF FEDERAL AGENCY:</b> USDA - NRCS		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Klamath & Lake CO,OR;Siskiyou,Modoc,Shasta CO,CA; CA PacRim Region		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Implementation of RC&D Area Plan and Annual Plan		
<b>13. PROPOSED PROJECT</b> Start Date: March 15, 2010 Ending Date: March 31, 2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2 b. Project 1 & 2		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 7,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 18, 2010		
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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 7,500.00			
<b>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.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name: Theresa	Middle Name: A		
Last Name: Wright		Suffix:		
b. Title: Vice-President		c. Telephone Number (give area code): 530-667-4247x108		
d. Signature of Authorized Representative: 		e. Date Signed: March 18, 2010		

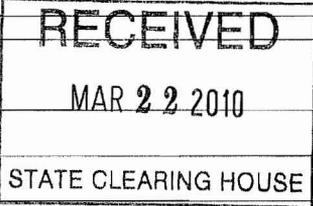
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**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 3/17/2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Williams Fire Protection Authority		<b>Organizational Unit:</b> Department: Fire department	
Organizational DUNS: 107549024		Division:	
<b>Address:</b> Street: 810 E street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Williams		Prefix: Mr.	First Name: Jeffery
County: Colusa		Middle Name Allen	
State: Ca		Last Name Gilbert	
Zip Code 95987	Suffix:		
Country: USA	Email: wfpa@frontiernet.net		



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> [6][8]-[0][3][2][7][2][8][8]		Phone Number (give area code) 530 473 2269	Fax Number (give area code) 530 473 3174
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<b>8. TYPE OF APPLICATION:</b> <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)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) N- Public Agency Other (specify)	
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): [1][0]-[7][6][6]		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Colusa County, City of Williams		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Heavy Rescue Fire Apparatus	
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<b>13. PROPOSED PROJECT</b> Start Date: 3/17/2010		Ending Date: 12/31/2010	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2nd	
			b. Project 2nd	

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 100,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 40,375 <sup>00</sup>	DATE:		
c. State	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 175,000 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 315,375 <sup>00</sup>			

**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 Jeffery	Middle Name Allen	Suffix
Last Name Gilbert		c. Telephone Number (give area code) 530-473-2269	
b. Title Fire Chief		e. Date Signed 3/17/2010	
d. Signature of Authorized Representative			

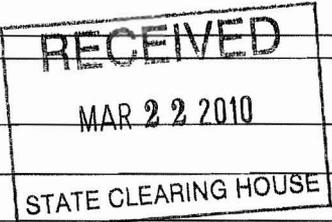
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: Lake Morena's Oak Shores Mutual Water Company	Organizational Unit: Department:
Organizational DUNS: 83-937-8338	Division:
Address: Street: 1827 Lake Morena Drive	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Campo	Prefix: Middle Name F.
County: San Diego	Last Name Owens
State: CA Zip Code 91906	Suffix: P.E.
Country: USA	Email: james.owens@nolte.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
95-2462924

Phone Number (give area code): 760-341-3101  
Fax Number (give area code): 760-341-5999

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 N  
 Other (specify) Mutual Water Company

**9. NAME OF FEDERAL AGENCY:**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE (Name of Program): 10-760  
 Water and Waste Disposal

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Installation of water treatment facility and distribution pipelines to address drinking water violations received from CA Department of Public Health.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Service area of Lake Morena's Oak Shores MWC

**13. PROPOSED PROJECT**  
 Start Date: Spring 2010 Ending Date: Fall 2011

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

**15. ESTIMATED FUNDING:**

a. Federal	\$	2,190,000 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	2,190,000 <sup>00</sup>

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

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

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

**a. Authorized Representative**

Prefix Ms.	First Name Karen	Middle Name
Last Name Russell	Suffix <i>Karen L Russell</i>	
b. Title General Manager, Lake Morena's Oak Shores Mutual Water Company	c. Telephone Number (give area code) 619-478-2462	
d. Signature of Authorized Representative <i>Karen L Russell</i>	e. Date Signed 3/17/10	

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

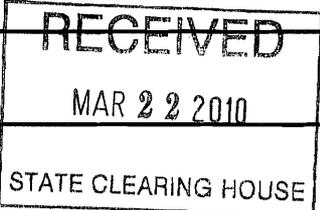
- Preapplication
- Application
- Changed/Corrected Application

\*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:

CA062532

\*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: City of Oceanside

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

95-1688570

\*c. Organizational DUNS:

073370678

**d. Address:**

\*Street 1: 300 North Coast Highway

Street 2: \_\_\_\_\_

\*City: Oceanside

County: San Diego

\*State: California

Province: \_\_\_\_\_

\*Country: United States of America

\*Zip / Postal Code 92054

**e. Organizational Unit:**

Department Name:  
Neighborhood Services Department

Division Name:  
Parks & Recreation

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

Prefix: \_\_\_\_\_ \*First Name: Megan

Middle Name: \_\_\_\_\_

\*Last Name: Crooks

Suffix: \_\_\_\_\_

Title: Management Analyst

Organizational Affiliation:  
Neighborhood Services Department, Parks & Recreation Division

\*Telephone Number: (760) 435-5048 Fax Number: (760) 435-9628

\*Email: mcrooks@ci.oceanside.ca.us

**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 Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.248 \_\_\_\_\_

CFDA Title:

CDBG Section 108 Loan Guarantee \_\_\_\_\_

**\*12 Funding Opportunity Number:**

14.248 \_\_\_\_\_

\*Title:

CDBG Section 108 Loan Guarantee \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

City of Oceanside, County of San Diego, State of California

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

Joe Balderrama Park and Community Center

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
 \*a. Applicant: CA49 \*b. Program/Project: CA49

**17. Proposed Project:**  
 \*a. Start Date: Fall 2010 \*b. End Date: Summer 2012

**18. Estimated Funding (\$):**

*a. Federal	\$6,500,000
*b. Applicant	_____
*c. State	\$5,000,000
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	\$11,500,000

**\*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 3/17/10  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E. O. 12372

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

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

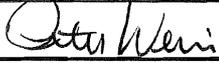
**Authorized Representative:**

Prefix: Mr. \*First Name: Peter  
 Middle Name: A.  
 \*Last Name: Weiss  
 Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: (760) 435-3066 Fax Number: (760) 435-6014

\* Email: pweiss@ci.oceanside.ca.us

\*Signature of Authorized Representative:  \*Date Signed: 3/16/10

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

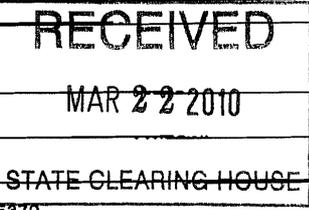
<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>2. DATE SUBMITTED</b>	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Tipton Community Services District		Organizational Unit: Department:		
Organizational DUNS: 011428737		Division:		
<b>Address:</b> Street: P O Box 266		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Tipton		Prefix: Mr.	First Name: Steve	
County: Tulare		Middle Name:		
State: Ca		Zip Code: 93272	Last Name: Hunt	
Country: USA		Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 1 5 2 5 3 8 6		Phone Number (give area code) (559) 752-4182	Fax Number (give area code) (559) 752-4186	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> 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"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> North Burnett Road Neighborhood in Tipton, Ca.		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Water Main Installation Installation at North Burnett Road in Tipton		
<b>13. PROPOSED PROJECT</b> Start Date: 8-110		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21		
Ending Date: 2-1-11		b. Project 21		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 52,900 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 0 <sup>00</sup>	DATE:		
c. State	\$ 211,400 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 264,300 <sup>00</sup>			
<b>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.</b>				
<b>a. Authorized Representative</b>				
Prefix Mr.		First Name Steve	Middle Name	
Last Name Hunt		Suffix		
b. Title President - Board of Directors		c. Telephone Number (give area code) (559) 752-4182		
d. Signature of Authorized Representative		e. Date Signed		

**APPLICATION FOR FEDERAL ASSISTANCE**

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

**5. APPLICANT INFORMATION**

Legal Name: Infant/Child Enrichment Services, Inc.	Organizational Unit: Department:
Organizational DUNS: 144709862	Division:
Address: Street: 20993 Niagra River Drive City: Sonora County: Tuolumne State: California Zip Code: 95370	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: Mary First Name: Evelyn Last Name: Thompson Suffix:
Country: USA	Email: evelynt@icesagency.org



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

77-0000699	Phone Number (give area code) (209) 533-0377	Fax Number (give area code) (209) 533-4017
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**8. TYPE OF APPLICATION:**

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

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

Not for Profit  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**

USDA Rural Development

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

TITLE (Name of Program):  
Community Facilities Loans and Grants (B.E.F.)

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Replacement of equipment; Outdated, inefficient heating and cooling equipment in Community-base Organizations' building. Applicant organization is a public non profit funded by State Departments of Education, Child Abuse Prevention and Behavioral Health w/ state and federal funds to provide child care support and parenting education.

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

Tuolumne County

**13. PROPOSED PROJECT**

Start Date: 05/10/10	Ending Date: 05/13/10
-------------------------	--------------------------

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant George Radanovich	b. Project George Radanovich
-----------------------------------	---------------------------------

**15. ESTIMATED FUNDING:**

a. Federal	\$ 6,300.00
b. Applicant	\$ 11,700.00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 18,000.00

**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: 03/22/10  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.     No

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

**a. Authorized Representative**

Prefix	First Name Evelyn	Middle Name Mary
Last Name Thompson	Suffix	

**b. Title**  
Executive Director

**d. Signature of Authorized Representative** *Evelyn M. Thompson*

**c. Telephone Number (give area code)**  
(209) 533-0377

**e. Date Signed**  
03/22/10

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 3/22/10	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Central Sacramento Valley RC&D		Organizational Unit: Department:	
Organizational DUNS: 134237143	<b>RECEIVED</b>  MAR 28 2010	Division:	
Address: Street: 150 Chuck Yeager Way, Suite A		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Orville		Prefix: MR	First Name: Ron
County: Butte	STATE CLEARING HOUSE	Middle Name	Last Name Warner
State: CA	Zip Code 95985-3398	Suffix:	Email:
Country: USA			

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0485721	Phone Number (give area code) 530-865-5058	Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <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.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) 0 Other (specify)	
Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b>	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-901	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Implementation of the RC&D Area Plan and Annual Work Plan.
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Butte, Colusa, Glenn and Tehama Counties	

<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 02, 04 b. Project 02, 04
---	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 7,500.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/22/10
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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 7,500.00	

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**

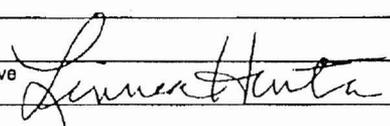
Prefix Mr	First Name Ron	Middle Name
Last Name Warner	Suffix	
b. Title President	c. Telephone Number (give area code) 530-865-5058	
d. Signature of Authorized Representative <i>Ron Warner</i>	e. Date Signed 3/22/10	

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 03/17/2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Mendocino Community Health Clinic, Inc.		<b>Organizational Unit:</b> Department:	
Organizational DUNS: 08-387-0196		Division:	
<b>Address:</b> Street: 333 Laws Avenue		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Ukiah		Prefix: Ms.	First Name: Linnea
County: Mendocino		Middle Name Joan	
State: CA		Last Name Hunter	
Zip Code: 95482	Suffix:		
Country: USA		Email: lhunter@mchclinc.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0259045		Phone Number (give area code) 707-472-4511	Fax Number (give area code) 707-468-0174
<b>8. TYPE OF APPLICATION:</b> <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"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-766		<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lake County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Community Facilities Grant Program	
<b>13. PROPOSED PROJECT</b> Start Date: 07/01/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1	
Ending Date: 06/30/2011		b. Project 1	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 100,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 109,000 <sup>00</sup>	DATE: 03/17/2010	
c. State	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 209,000 <sup>00</sup>		
<b>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.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name Linnea	Middle Name Joan	
Last Name Hunter		Suffix	
b. Title Chief Executive Officer		c. Telephone Number (give area code) 707-472-4511	
d. Signature of Authorized Representative 		e. Date Signed 03/17/2010	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: City of Santa Monica Municipal Bus Lines	<b>Organizational Unit:</b> Department: Transit Programs
Organizational DUNS: 833665896	Division:
<b>Address:</b> Street: 1660 7th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms.
City: Santa Monica	First Name: Enny
County: Los Angeles	Middle Name
State: California	Last Name Chung
Zip Code 90401	Suffix:
Country: United States of America	Email: enny.chung@smgov.net

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 5 - 6 0 0 0 7 9 0

Phone Number (give area code) (310) 458-1975 x2296	Fax Number (give area code) (310) 395-5460
---	---

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

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

**9. NAME OF FEDERAL AGENCY:**  
Federal Transit Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
2 0 - 5 0 7

TITLE (Name of Program):  
Federal Transit Administration

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
FTA Section 5307 Urbanized Formula

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

**13. PROPOSED PROJECT**

Start Date: 7/1/2009	Ending Date: 12/31/2012
-------------------------	----------------------------

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant  
30  
b. Project

**15. ESTIMATED FUNDING:**

a. Federal	\$	4,200,000 <sup>00</sup>
b. Applicant	\$	<sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	1,050,000 <sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	5,250,000 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: March 15, 2010  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

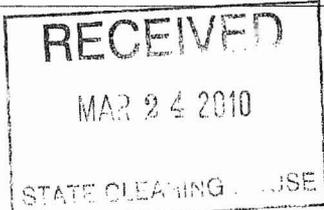
**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes If "Yes" attach an explanation.  No

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

a. Authorized Representative

Prefix Mr.	First Name Rod	Middle Name
Last Name Gould		Suffix
b. Title City Manager	c. Telephone Number (give area code) (310) 458-8301	
d. Signature of Authorized Representative	e. Date Signed 3/18/10	

Previous Edition Usable  
Authorized for Local Reproduction



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

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> March 23, 2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: California Indian Manpower Consortium, Inc.	<b>Organizational Unit:</b> Department:
Organizational DUNS: 098086424	Division:
<b>Address:</b> Street: 738 North Market Boulevard	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Lorenda
City: Sacramento	Middle Name T.
County: Sacramento	Last Name Sanchez
State: California	Zip Code 95834
Country:	Suffix:
	Email: lorendas@cimcinc.com

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 4 - 2 4 6 5 2 7 4

Phone Number (give area code) (916) 920-0285	Fax Number (give area code) (916) 641-6338
---	---

**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)  
 K  
 Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 1 0 - 7 6 9  
 TITLE (Name of Program):  
 Rural Business Enterprise Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Nation to Nation trade, Promoting International Trade for Native American Businesses

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

**13. PROPOSED PROJECT**  
 Start Date: August 2010    Ending Date: July 2011

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 5th    b. Project California

**15. ESTIMATED FUNDING:**

a. Federal	\$	119,498 <sup>00</sup>
b. Applicant	\$	24,100 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	143,598 <sup>00</sup>

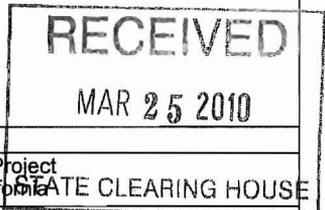
**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: March 24, 2010  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes if "Yes" attach an explanation.     No

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

**a. Authorized Representative**

Prefix Ms.	First Name Lorenda	Middle Name T.
Last Name Sanchez	Suffix	
<b>b. Title</b> Executive Director	<b>c. Telephone Number (give area code)</b> (916) 920-0285	
<b>d. Signature of Authorized Representative</b> <i>Lorenda Sanchez</i>	<b>e. Date Signed</b> March 23, 2010	



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> March 23, 2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: California Indian Manpower Consortium, Inc.	<b>Organizational Unit:</b> Department:
Organizational DUNS: 098086424	Division:
<b>Address:</b> Street: 738 North Market Boulevard	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Lorenda Middle Name: T. Last Name: Sanchez Suffix:
City: Sacramento	Phone Number (give area code): (916) 920-028 Fax Number (give area code): (916) 641-6338
County: Sacramento	
State: California Zip Code: 95834	
Country: USA	Email: lroendas@cimcinc.com

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 4 - 2 4 6 5 2 7 4

**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)  
K  
Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
1 0 - 7 6 9

TITLE (Name of Program):  
Rural Business Enterprise Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Building a Native American Economy through Entrepreneurs

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Butte, Humboldt, Shasta, Sonoma, Mendocino, San Bernadino, San Diego

**13. PROPOSED PROJECT**  
Start Date: August 2010    Ending Date: July 2011

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 5th    b. Project 1st, 4th, 6th, 52nd, 41st

**15. ESTIMATED FUNDING:**

a. Federal	\$	141,016 <sup>00</sup>
b. Applicant	\$	24,400 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	165,416 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: March 24, 2010  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix Ms.	First Name Lorenda	Middle Name T.
Last Name Sanchez	Suffix	
<b>b. Title</b> Executive Director	<b>c. Telephone Number (give area code)</b> (916) 920-0285	
<b>d. Signature of Authorized Representative</b> <i>Lorenda Sanchez</i>	<b>e. Date Signed</b> March 23, 2010	

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission:		* 2. Type of Application: * If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
Completed by Grants.gov upon submission.		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		<b>RECEIVED</b>  MAR 25 2010  STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: Western Riverside Council of Governments Supporting Foundation		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
20-8995961	626205293	
d. Address:		
* Street1:	4080 Lemon Street, 3rd Floor	
Street2:		
* City:	Riverside	
County:	Riverside	
* State:	CA	
Province:	USA	
* Country:		
* Zip / Postal Code:	92501	
e. Organizational Unit:		
Department Name:		Division Name:
Environmental Management		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Ms	* First Name: Barbara
Middle Name:		
* Last Name:	Spoonhour	
Suffix:		
Title:	Program Manager	
Organizational Affiliation:		
* Telephone Number:	951-955-8313	Fax Number: 951-787-7991
* Email:	spoonhour@wrcog.cog.ca.us	

**Application for Federal Assistance SF-424**

**Version 02**

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

E. Regional Organization

**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:**

66.034

CFDA Title:

Indoor Environments: Reducing Public Exposure to Indoor Pollutants

**\* 12. Funding Opportunity Number:**

EPA-R9-AIR6-09-007

\* Title:

Indoor Environments: Reducing Public Exposure to Indoor Pollutants

**13. Competition Identification Number:**

Title:

Indoor Environments: Reducing Public Exposure to Indoor Pollutants

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

School Districts located in the Cities of Banning, Hemet and Riverside

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

Increase Awareness and Understanding of IAQ Principals and Risks to School Environments

Attach supporting documents as specified in agency instructions.



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

## 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.

CA-041;CA-044;CA-045;CA-049

## 17. Proposed Project:

\* a. Start Date: \* b. End Date: 

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$49,420.00"/>
* b. Applicant	<input type="text"/>
* 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="\$49,420.00"/>

## \* 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.

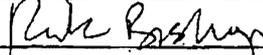
## Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed: 

Authorized for Local Reproduction

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

**COPY**

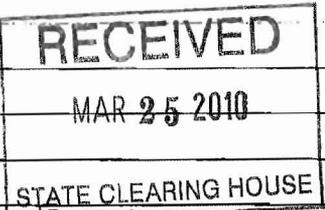
Version 7/03

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/1/2010	Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 04-051-946003474

**5. APPLICANT INFORMATION**

Legal Name: Consolidated Area Housing Authority of Sutter County		Organizational Unit: Department: Housing	
Organizational DUNS: 621882174		Division: USDA-Rural Development	
Address: Street: 448 Garden Highway		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Gustavo	
City: Yuba City		Middle Name	
County: Sutter		Last Name Becerra	
State: CA	Zip Code 95991	Suffix:	
Country: USA		Email: g.becerra@cahasc.org	



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

94-6003474

Phone Number (give area code) (530) 821-2206 ext. 113  
Fax Number (give area code) (530) 674-8505

**8. TYPE OF APPLICATION:**

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
Other (specify)  
Public Housing Authority

**9. NAME OF FEDERAL AGENCY:**  
NGMS Agency

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

10-766

TITLE (Name of Program):  
Community Facilities Direct Loan Program - USDA-RD

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Exterior and interior rehabilitation including accessibility needs for existing community building for the Richland Housing community located in Yuba City, CA.

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

Sutter County, CA, Yuba City, CA

**13. PROPOSED PROJECT**

Start Date: 3/1/2010  
Ending Date: 12/31/2011

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 2, CA  
b. Project 2, CA

**15. ESTIMATED FUNDING:**

a. Federal	\$	1,045,500 <sup>00</sup>
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,045,500 <sup>00</sup>

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

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

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.  No

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

**a. Authorized Representative**

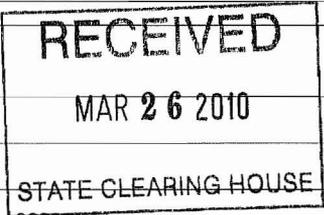
Prefix	First Name Linda	Middle Name
Last Name Nichols	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (530) 671-0220 ext. 119	
d. Signature of Authorized Representative <i>Linda Nichols</i>	e. Date Signed 3-1-2010	

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>2. DATE SUBMITTED</b> 3-24-2010	Applicant Identifier 2008-05
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: City of Coachella Organizational DUNS: #067655225	<b>Organizational Unit:</b> Department: Public Works Department Division:
<b>Address:</b> Street: 1515 6th Street City: Coachella County: Riverside State: California Zip Code: 92236	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Paul Middle Name: Last Name: Toor Suffix:
Country: USA	Email: ptoor@coachella.org



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

9 5 - 6 0 0 0 6 9 3

Phone Number (give area code): 760-398-5744  
 Fax Number (give area code): 760-398-1630

**8. TYPE OF APPLICATION:**

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

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

C  
 Other (specify):

**9. NAME OF FEDERAL AGENCY:**  
 United States Department of Agriculture

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

1 0 - 7 6 0

TITLE (Name of Program):

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Coachella Wastewater Treatment Plant Expansion Phase II Upgrades

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

City of Coachella

**13. PROPOSED PROJECT**

Start Date: May 2010    Ending Date: January 2011

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 45th    b. Project 45th

**15. ESTIMATED FUNDING:**

a. Federal	\$	6,100,000 <sup>00</sup>
b. Applicant	\$	1,485,000 <sup>00</sup>
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	7,585,000

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

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

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.     No

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

a. Authorized Representative

Prefix Mr.	First Name Paul	Middle Name
Last Name Toor		Suffix
b. Title Public Works Director		c. Telephone Number (give area code) 760-398-5744
d. Signature of Authorized Representative		e. Date Signed 3/24/10

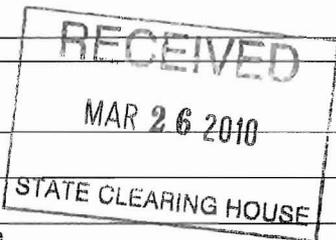
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>2. DATE SUBMITTED</b> March 23, 2010	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: County of Tulare	<b>Organizational Unit:</b> Department: Capital Projects Division
Organizational DUNS: 07-186-1884	Division:
<b>Address:</b> Street: 2800 W. Burrel Avenue	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Jeff
City: Visalia	Middle Name
County: Tulare	Last Name Forbes
State: CA	Suffix:
Zip Code 93291	



Country: United States of America	Email: jforbes@co.tulare.ca.us
--------------------------------------	-----------------------------------

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 6 0 0 0 5 4 5	Phone Number (give area code) (559) 636-5000	Fax Number (give area code) (559) 733-6898
--	---	---

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

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):	<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture - Rural Development
---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Community of Ivanhoe, Tulare County	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> New Ivanhoe Community Center.
---	---

<b>13. PROPOSED PROJECT</b> Start Date: June 2010	Ending Date: April 2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA 21 Nunes	b. Project CA 21 Nunes
---	----------------------------	---	---------------------------

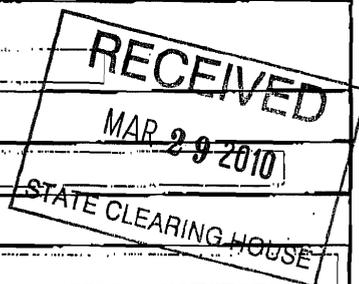
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 23, 2010
b. Applicant \$ 117,000.00	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	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 317,000.00	

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.

<b>a. Authorized Representative</b> Prefix	First Name Jean	Middle Name
Last Name Rousseau	Suffix	
<b>b. Title</b> County Administrative Officer	c. Telephone Number (give area code) (559) 636-5005	
d. Signature of Authorized Representative 	e. Date Signed 3-23-10	

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

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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
Completed by Grants.gov upon submission.		R9 Tracking Number 10-095
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<input type="text"/>		<input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: San Diego County Air Pollution Control District		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
33-0488415		623879223
d. Address:		
* Street1: 10124 Old Grove Rd		
Street2: <input type="text"/>		
* City: San Diego		
County: San Diego		
* State: CA		
Province: <input type="text"/>		
* Country: United States		
* Zip / Postal Code: 92131		
c. Organizational Unit:		
Department Name:		Division Name:
Air Pollution Control District		Monitoring
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Mahmood	
Middle Name:		
* Last Name: Hossain		
Suffix:		
Title: Chief, Air Pollution Control		
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number: (858) 586-2760		Fax Number: (858) 586-2601
* Email: mahmood.hossain@sdcounty.ca.gov		



OMB Number: 4040-0004  
Expiration Date: 07/31/2008

**Application for Federal Assistance SF-424**

Version 02

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

B

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

United States Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66-034

CFDA Title:

Section 103 PM 2.5 Grant

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

County of San Diego

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

San Diego Air Pollution Control District Program to develop and implement the fine particulate monitoring (PM2.5) network.

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 CA-52

\* b. Program/Project 50,53

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

Add Attachment [ ] [ ] [ ]

17. Proposed Project:

\* a. Start Date: 04/01/2010

\* b. End Date: 03/31/2011

18. Estimated Funding (\$):

* a. Federal	\$296,903.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$296,903.00

\* 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 03/30/10
- 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: Robert

Middle Name: J.

\* Last Name: Kard

Suffix:

\* Title: Air Pollution Control Officer

\* Telephone Number: (858) 586-2600 Fax Number: (858) 586-2801

\* Email: robert.kard@sdcounty.ca.gov

\* Signature of Authorized Representative: *Robert Kard* \* Date Signed: 03/25/2010

CA 81

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

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

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

N/A

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/25/2010	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1098008
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-76-D-4
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: Fish and Game	
Organizational DUNS: 808322358		Division: GRANTS MANAGEMENT BRANCH	
Address: Street: 1812 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: LISA	
City: SACRAMENTO			
County: SACRAMENTO		Middle Name	
State: CA Zip Code 95691		Last Name BAYS	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-1697567		Email: lbays@dfg.ca.gov	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
TITLE (Name of Program): WILDLIFE RESTORATION ACT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 6	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LASSEN, MODOC, SISKIYOU & DEL NORTE COUNTIES			
13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 06/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 45, 51	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 869,061.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/25/2010	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 289,693.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 117,233.00		
g. TOTAL	\$ 1,275,987.00		
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.			
g. Authorized Representative			
Prefix Mr.	First Name BLAINE	Middle Name	
Last Name NICKENS	Suffix		
b. Title ACTING CHIEF, GRANTS MANAGEMENT BRANCH	c. Telephone Number (give area code)		
d. Signature of Authorized Representative	e. Date Signed March 29, 2010		

# DRAFT

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 10SR115019	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: Conejo Recreation & Park District DUNS NUMBER: 798289708	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Cindy Powers TELEPHONE NUMBER: 805 381-2742 FAX NUMBER: 805 495-5430 INTERNET E-MAIL ADDRESS: rsvp@crpd.org															
ADDRESS (give street address, city, state, zip code and county): 403 W. Hillcrest Drive Thousand Oaks CA 91360 - 4223 County: Ventura	7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">MAR 30 2010</p> <p style="font-size: 1.2em; margin: 0;">STATE CLEARING HOUSE</p> </div>															
8. TYPE OF APPLICATION (Check appropriate box). <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION      B. BUDGET REVISION C. NO COST EXTENSION      D. OTHER (specify below):																
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Thousand Oaks/Conejo Valley RSVP 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): City of Thousand Oaks, Newbury Park and parts of Westlake Village in Ventura County, State of California	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="CA 024"/> b.Program <input type="text" value="CA 024"/>															
13. PROPOSED PROJECT: START DATE: 07/01/10      END DATE: 06/30/11	18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 30-MAR-10 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
15. ESTIMATED FUNDING: Year #: <input type="text" value="1"/>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. FEDERAL</td> <td style="text-align: right;">\$ 15,000.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 15,000.00</td> </tr> </table>	a. FEDERAL	\$ 15,000.00	b. APPLICANT	\$ 0.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 15,000.00	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. FEDERAL	\$ 15,000.00															
b. APPLICANT	\$ 0.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 15,000.00															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lizzie Benton	b. TITLE: Administrator	c. TELEPHONE NUMBER: (805) 495-6471														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 03/29/10														

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> March 30, 2010	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b> March 30, 2010	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: County of Madera		Organizational Unit: Department: Resource Management Agency		
Organizational DUNS: 004939377		Division: Engineering - Special Districts		
Address: Street: 2037 W. Cleveland		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Madera		Prefix: Mr.	First Name: William	
County: Madera		Middle Name: Lorne		
State: California		Last Name: Hayter		
Zip Code: 93637		Suffix:		
Country:		Email: kawlh@aol.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000518		Phone Number (give area code) 559-308-1625		Fax Number (give area code) 559-675-7639
<b>8. TYPE OF APPLICATION:</b> <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.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)		
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA - Rural Development		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Water and Waste Disposal Grant and Loan Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Expansion of effluent disposal spray fields to match capacity of existing WWTP/modifications to septage receiving station/new all weather sludge storage facility.		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Unincorporated Community of Oakhurst / Madera County				
<b>13. PROPOSED PROJECT</b> Start Date: July 2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19th-Radonovich		
Ending Date: July 2011		b. Project 19th-Radonovich		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	4,149,864	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, 2010	
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$			
e. Other EPA Grant #XP-9796001-0	\$	314,533		
f. Program Income	\$			
g. TOTAL	\$	4,464,397	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>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.</b>				
a. Authorized Representative				
Prefix Mr.	First Name Ray		Middle Name	
Last Name Beach	Suffix			
b. Title Director - Resource Management Agency	c. Telephone Number (give area code) 559-661-6333		e. Date Signed	
d. Signature of Authorized Representative				

**RECEIVED**  
**MAR 30 2010**  
 STATE CLEARING HOUSE