

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2011**. 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:**

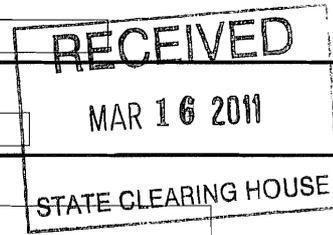
- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**



**5a. Federal Entity Identifier:**

westside

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

West Side Theatre Foundation

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

77-0433241

**\* c. Organizational DUNS:**

04-678-7854

**d. Address:**

**\* Street1:**

1331 Main Street

**Street2:**

**\* City:**

Newman

**County:**

**\* State:**

CA

**Province:**

**\* Country:**

USA: United States

**\* Zip / Postal Code:**

95360-1326

**e. Organizational Unit:**

**Department Name:**

West Side Radio

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

Rick

**Middle Name:**

**\* Last Name:**

Nagle

**Suffix:**

**Title:**

Broadcasting Project Manager

**Organizational Affiliation:**

**\* Telephone Number:**

(209) 752-8805

**Fax Number:**

() -

**\* Email:**

broadcasting@westsidetheatre.org

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CFDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

City of Newman, CA, City of Gustine, CA, west side of Stanislaus and Merced counties

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

Construction Project

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="100,612"/>
* b. Applicant	<input type="text" value="33,538"/>
* 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="134,150"/>

**\* 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 thy 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:**

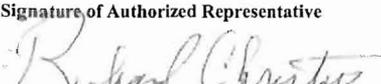
Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 03/14/2011	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input 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
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Program Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>State Chartered Transit District</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>MAR 16 2011</b>  <b>STATE CLEARING HOUSE</b> </div>	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		A State                    H Independent School Dist. B County                I State Controlled Institution of Higher Education 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: <b>Federal Transit Administration</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5307 Urban Area Formula Program - Bus Preventive Maintenance, CA-90-Y717-03</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20507</b>		12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>7/1/09</b>	Ending Date <b>6/30/11</b>	a. Applicant <b>Districts 25 - 39, 42 and 46</b>	b. Project <b>Same as Applicant</b>
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 65,165,443.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>03/14/11</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	\$ 16,291,361.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 81,456,804.00		
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 <b>RICHARD CHRISTIE</b>		b Title Transportation Planning Manager	c Telephone number <b>(213) 922-6022</b>
d. Signature of Authorized Representative 		e. Date Signed 03/14/11 <b>3/14/2011</b>	

**Application for Federal Assistance SF-424**

**\* 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:**

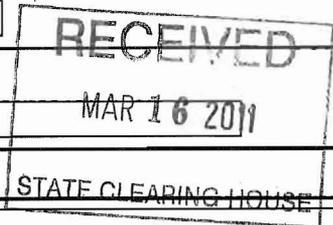
\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_



**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Elkhorn Slough Foundation

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

94-2823247

**\* c. Organizational DUNS:**

1508235240000

**d. Address:**

**\* Street1:**

1698 Elkhorn Road

**Street2:**

\_\_\_\_\_

**\* City:**

Watsonville

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95076-0267

**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:**

Bryan

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Largay

**Suffix:**

\_\_\_\_\_

**Title:**

Tidal Wetland Project Director

**Organizational Affiliation:**

Elkhorn Slough Foundation

**\* Telephone Number:**

831-728-2822 x308

**Fax Number:**

831-727-1056

**\* Email:**

bryan@elkhornslough.org

**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:**

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

CA-017

b. Program/Project

CA-017

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

03/01/2012

\* b. End Date:

09/30/2014

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

* a. Federal	999,325.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	350,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,349,325.00

**\* 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

03/10/2011

 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)** Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* 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:

Monique

Middle Name:

\* Last Name:

Fountain

Suffix:

\* Title:

Tidal Wetland Project Manager

\* Telephone Number:

831-728-5939

Fax Number:

831-728-1056

\* Email:

monique@elkhornslough.org

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

**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:**

RECEIVED

MAR 16 2011

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

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

**\* c. Organizational DUNS:**

**d. Address:**

**\* Street1:**

**Street2:**

**\* City:**

**County:**

**\* State:**

**Province:**

**\* Country:**

**\* Zip / Postal Code:**

**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:**

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CEDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

North Central California

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

Construction Project

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="195,475"/>
* b. Applicant	<input type="text" value="195,476"/>
* 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="390,951"/>

**\* 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 thy 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:

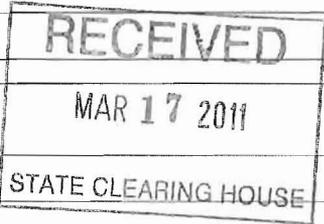
\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 17, 2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE March 17, 2011	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			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: STATE OF CALIFORNIA		Department: DEPARTMENT OF PARKS AND RECREATION	
Organizational DUNS: 172070807		Division: OFFICE OF HISTORIC PRESERVATION	
Address: Street: 1416 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: MR	First Name: JOHN
County: SACRAMENTO		Middle Name RAYMOND	
State: CALIFORNIA		Last Name THOMAS	
Zip Code 95814-5511		Suffix:	
Country: USA		Email: jthomas@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 1 3 4 7		Phone Number (give area code) (916) 445-7024	Fax Number (give area code) (916) 445-7053
---	--	---	---

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)	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		A. State	
		Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 9 0 4		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Annual HPF Grant Application Fiscal Year 2011	
---	--	---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATEWIDE		9. NAME OF FEDERAL AGENCY: National Park Service	
--	--	---	--

13. PROPOSED PROJECT Start Date: 10/01/2011 Ending Date: 09/30/2013?		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project SEE #11 ABOVE	
--	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 345,955.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 230,637.00	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	\$ 576,592.00		

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 WAYNE	Middle Name MILFORD
Last Name DONALDSON		Suffix FAIA
b. Title STATE HISTORIC PRESERVATION OFFICER		c. Telephone Number (give area code) (916) 445-7043
d. Signature of Authorized Representative <i>Wayne Donaldson</i>		e. Date Signed 17 MARCH 2011

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

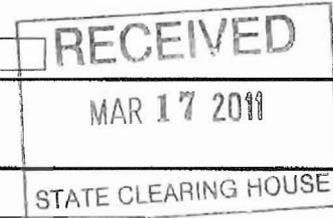
- Preapplication
- Application
- Changed/Corrected Application

**\* 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:**

gjohnson@kvie.org

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

KVIE, Inc.

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

94-1421463

**\* c. Organizational DUNS:**

00-985-4825

**d. Address:**

**\* Street1:**

2030 W. El Camino Ave.

**Street2:**

**\* City:**

Sacramento

**County:**

Sacramento

**\* State:**

CA

**Province:**

**\* Country:**

USA: United States

**\* Zip / Postal Code:**

95833-

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

Greg

**Middle Name:**

K

**\* Last Name:**

Johnson

**Suffix:**

**Title:**

Director of Engineering

**Organizational Affiliation:**

**\* Telephone Number:**

(916) 641-3571

**Fax Number:**

(916) 641-3599

**\* Email:**

gjohnson@kvie.org

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CFDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

North Central California

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

Construction Project

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="195,475"/>
* b. Applicant	<input type="text" value="195,476"/>
* c. State	<input type="text"/>
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* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="390,951"/>

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**\* 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 thy 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

* 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: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: kpbsfm1	* 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: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721	* c. Organizational DUNS: 07-337-1348
---	--

d. Address:

\* Street1: 5250 Campanile Drive  
Street2:  
\* City: San Diego  
County: San Diego  
\* State: CA  
Province:  
\* Country: USA: United States  
\* Zip / Postal Code: 92182-5400

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

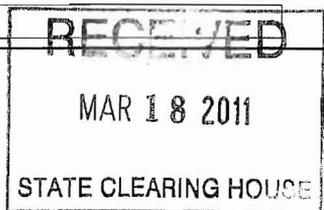
Prefix: Ms. \* First Name: Jennie  
Middle Name:  
\* Last Name: Amison  
Suffix:

Title: Director Sponsored Research Development

Organizational Affiliation:  
San Diego State University Research Foundation

\* Telephone Number: (619) 594-5731 Fax Number: (619) 594-4950

\* Email: awards@foundation.sdsu.edu



**Application for Federal Assistance SF-424**

Version 02

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

N

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CFDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

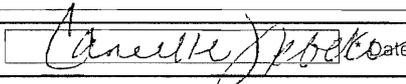
**14. Areas Affected by Project (Cities, Counties, States, etc):**

San Diego, California

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

Construction Project

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="53"/>	* b. Program/Project
		<input type="text" value="49,50,51,52"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="10/01/2011"/>	* b. End Date:
		<input type="text" value="03/31/2013"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="714,058"/>	
* b. Applicant	<input type="text" value="238,020"/>	
* 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="952,078"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<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="03/17/2011"/>	
<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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Ms."/>	* First Name:
		<input type="text" value="Camille"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Nebeker"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Director, Research Affairs"/>	
* Telephone Number:	<input type="text" value="(619) 594-5938"/>	Fax Number:
		<input type="text" value="()-"/>
* Email:	<input type="text" value="awards@foundation.sdsu.edu"/>	
* Signature of Authorized Representative:		Date Signed:
		<input type="text" value="3/15/11"/>

### Application for Federal Assistance SF-424

**\* 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:**

\_\_\_\_\_

RECEIVED

MAR 21 2011

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

STATE CLEARING HOUSE

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

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

94-6036494

\* c. Organizational DUNS:

0471200840000

**d. Address:**

\* Street1: 1850 Research Park Drive

Street2: Suite 300

\* City: Davis

County/Parish: Yolo

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95618-6153

**e. Organizational Unit:**

**Department Name:**

Land, Air and Water Resources

**Division Name:**

College of Ag.

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

Prefix: Dr. \* First Name: Louise

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

\* Last Name: Jackson

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

Title: Professor

**Organizational Affiliation:**

\_\_\_\_\_

\* Telephone Number: 530-754-9116

Fax Number: 530-752-1552

\* Email: lejackson@ucdavis.edu

**Application for Federal Assistance SF-424**

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

☑: 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:**

66.035

CFDA Title:

Community Action for a Renewed Environment (CARE) Program

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

EPA-OAR-IO-11-08

\* Title:

Community Action for a Renewed Environment (CARE) Program

**13. Competition Identification Number:**

Title:

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

Adair County  Adams County  Adair County  Adams County

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

Agriculture Communities and Climate Change in Yolo County, California

Attach supporting documents as specified in agency instructions.

Adair County  Adams County  Adair County

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-001

b. Program/Project CA-001

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 01/01/2012

\* b. End Date: 06/30/2013

18. Estimated Funding (\$):

* a. Federal	99,997.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	99,997.00

\* 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 03/21/2011.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* 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: Patrick

Middle Name:

\* Last Name: Bell

Suffix:

\* Title: Contracts and Grants Analyst

\* Telephone Number: 530-754-0114 Fax Number: 530-752-0333

\* Email: pbbell@ucdavis.edu

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

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

Application for Federal Assistance SF-424			
* 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: <u>3/21/2011</u>		4. Applicant Identifier: <input type="text"/>	
		<div style="border: 2px solid black; padding: 5px; display: inline-block;">                         RECEIVED                          MAR 21 2011                     </div>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: <u>Los Penasquitos Lagoon Foundation</u>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>33-0023709</u>		* c. Organizational DUNS: <u>0401780928000</u>	
d. Address:			
* Street1:	<u>P.O. Box 940</u>		
* Street2:	<input type="text"/>		
* City:	<u>Cardiff by the Sea</u>		
* County/Parish:	<input type="text"/>		
* State:	<u>CA: California</u>		
* Province:	<input type="text"/>		
* Country:	<u>USA: UNITED STATES</u>		
* Zip / Postal Code:	<u>92007-0940</u>		
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
* Prefix:	<u>Mr.</u>	* First Name:	<u>Mike</u>
* Middle Name:	<input type="text"/>		
* Last Name:	<u>Hastings</u>		
* Suffix:	<input type="text"/>		
* Title:	<u>Executive Director</u>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	<u>760-271-0574</u>	* Fax Number:	<input type="text"/>
* Email:	<u>mikehastings1066@gmail.com</u>		

**Application for Federal Assistance SF-424**

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

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

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.463

**CFDA Title:**

Habitat Conservation

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

NOAA-NMFS-HCFD-2011-2002885

**\* Title:**

Estuary Habitat Restoration Program Project Solicitation

**13. Competition Identification Number:**

2219355

**Title:**

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

SR-424, Item 14, Areas Affected by Project.

Delete Attachment

View Attachment

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

Los Penasquitos Lagoon Mouth Restoration Project

Attach supporting documents as specified in agency instructions.

Add Attachments

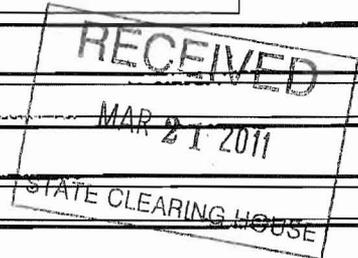
Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="50"/>	b. Program/Project: <input type="text" value="CA-053"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="09/01/2011"/>	* b. End Date: <input type="text" value="08/30/2013"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="183,950.00"/>
* b. Applicant	<input type="text" value="91,800.00"/>
* c. State	<input type="text" value="7,320.00"/>
* 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="283,070.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<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="03/10/2011"/>	
<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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/>
<p><b>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)</b></p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
<b>Authorized Representative:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Mike"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Hastings"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director"/>	
* Telephone Number: <input type="text" value="760 271-8574"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="mikehastings1066@gmail.com"/>	
* Signature of Authorized Representative: <input type="text" value="Mike Hastings"/>	* Date Signed: <input type="text" value="3/10/2011"/>

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"/>
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Santa Clara University		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156617		* c. Organizational DUNS: 054900214
<b>d. Address:</b>		
* Street1: 500 El Camino Real Street2: <input type="text"/> * City: Santa Clara County: Santa Clara * State: CA: California Province: <input type="text"/> * Country: USA: UNITED STATES * Zip / Postal Code: 95053-0261		
<b>e. Organizational Unit:</b>		
Department Name: Biology		Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Asst. Prof		* First Name: Justen
Middle Name: <input type="text"/>		
* Last Name: Whittall		
Suffix: <input type="text"/>		
Title: Assistant Professor of Biology		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (408) 554-4808		Fax Number: (408) 554-2710
* Email: jwhittall@scu.edu		



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

Application for Federal Assistance SF-424	Version 02
<b>8. Type of Applicant 1: Select Applicant Type:</b>	
0: Private Institution of Higher Education	
<b>Type of Applicant 2: Select Applicant Type:</b>	
<b>Type of Applicant 3: Select Applicant Type:</b>	
* Other (specify):	
<b>* 10. Name of Federal Agency:</b>	
Bureau of Land Management	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
15.231	
CFDA Title:	
Fish, Wildlife and Plant Conservation Resource Management	
<b>* 12. Funding Opportunity Number:</b>	
L11AS00036	
* Title:	
BLM CA San Benito Evening Primrose Genetics Data Collection Project	
<b>13. Competition Identification Number:</b>	
Title:	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
Clear Creek Management Area (CCMA), Hollister, San Benito County, California	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
Identifying Reservoirs of Genetic Diversity and Reproductive Mode in the San Benito Evening Primrose ( <i>Camissonia Benitensis</i> )	
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
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-15	* b. Program/Project CA-15
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"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	06/01/2011	* b. End Date: 11/30/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	40,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	40,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 03/21/2011.		
<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.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<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.		
<b>Authorized Representative:</b>		
Prefix:	Ms.	* First Name: Linda
Middle Name:		
* Last Name:	Campbell	
Suffix:		
* Title:	Executive Director of Sponsored Projects	
* Telephone Number:	(408) 554-4806	Fax Number: (408) 554-2389
* Email:	lcampbell@scu.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: <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: <input type="text"/>		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text" value="ksvg"/>		* 5b. Federal Award Identifier: <input type="text" value="STATE CLEARING HOUSE"/>
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Kern Community Radio Inc"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="26-2575370"/>		* c. Organizational DUNS: <input type="text" value="96-715-3607"/>
<b>d. Address:</b>		
* Street1: <input type="text" value="1908 Jessie Street"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="Bakersfield"/>		
County: <input type="text" value="Kern"/>		
* State: <input type="text" value="CA"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: United States"/>		
* Zip / Postal Code: <input type="text" value="93305"/>		
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Mr."/>		* First Name: <input type="text" value="Jake"/>
Middle Name: <input type="text" value="Esau"/>		
* Last Name: <input type="text" value="Chavez"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Executive Director"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(661) 301-6916"/>		Fax Number: <input type="text" value="()"/>
* Email: <input type="text" value="jakechavez@me.com"/>		

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CFDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

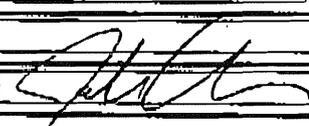
**14. Areas Affected by Project (Cities, Counties, States, etc):**

Mettler, California  
Arvin, California  
Lamont, California  
Weedpatch, California  
Bakersfield, California

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

Construction Project

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	20	* b. Program/Project
		20,22
Attach an additional list of Program/Project Congressional Districts if needed.		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2011	* b. End Date:
		04/01/2013
<b>18. Estimated Funding (\$):</b>		
* a. Federal	56,452	
* b. Applicant	56,452	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	112,904	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		
<input checked="" 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.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>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 thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<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 of agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
		Jake
Middle Name:	Edu	
* Last Name:	Chavez	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	(661) 301-6916	Fax Number:
		()-
* Email:	jakechavez@me.com	
* Signature of Authorized Representative:		* Date Signed:
		3-16-2011

**Application for Federal Assistance SF-424**

**\* 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

MAR 22 2011

**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:**

The Foundation for CSU, San Bernardino

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

95-6067343

**\* c. Organizational DUNS:**

0305792130000

**d. Address:**

**\* Street1:**

5500 University Parkway

**Street2:**

\_\_\_\_\_

**\* City:**

San Bernardino

**County/Parish:**

San Bernardino

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92407-2318

**e. Organizational Unit:**

**Department Name:**

Palm Desert Campus

**Division Name:**

Academic Affairs

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

**Prefix:**

Dr.

**\* First Name:**

Ellen

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Shimakawa

**Suffix:**

Ph.D

**Title:** Interim Director, Research & Sponsored Program

**Organizational Affiliation:**

California State University, San Bernardino

**\* Telephone Number:**

909-537-5027

**Fax Number:**

909-537-7028

**\* Email:**

eshimaka@csusb.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency

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

66.035

CFDA Title:

Community Action for a Renewed Environment (CARE) Program

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

EPA-OAR-10-11-08

\* Title:

Community Action for a Renewed Environment (CARE) Program

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Expanding Collaborative Efforts in Identifying and Prioritizing Environmental Issues in Coachella Valley, CA

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  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="99,432.00"/>
* b. Applicant	<input type="text" value="32,754.00"/>
* 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="132,186.00"/>

**\* 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 in attachment.)**

Yes  No

If "Yes", provide explanation and attach

**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**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <b>3/22/11</b>	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8500-0656-CA
5. APPLICANT INFORMATION			
Legal Name: TULARE COUNTY BOARD OF SUPERVISORS		Organizational Unit: Department: AGRICULTURAL COMMISSIONER	
Organizational DUNS: 157108221		Division:	
Address: Street: 2800 W. BURREL AVE., SUITE G		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: VISALIA		Prefix: MS.	First Name: MARILYN
County: TULARE		Middle Name	
State: CALIFORNIA		Last Name KINOSHITA	
Zip Code 93291		Suffix:	
Country: USA		Email: mkinoshi@co.tulare.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		Phone Number (give area code) 559-684-3350	Fax Number (give area code) 559-685-3335
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA, APHIS, PPQ	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-025		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AREA WIDE MANAGEMENT OF GLASSY-WINGED SHARPSHOOTER IN TULARE COUNTY	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTY OF TULARE			
13. PROPOSED PROJECT Start Date: 12/1/2010 Ending Date: 11/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant DISTRICT 21 - DEVIN NUNES b. Project DISTRICT 21 - DEVIN NUNES	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/22/11	
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 type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 1,000,000.00		
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	First Name MIKE	Middle Name	
Last Name ENNIS			Suffix
b. Title CHAIRMAN OF THE BOARD OF SUPERVISORS			c. Telephone Number (give area code) 559-636-5000
d. Signature of Authorized Representative <i>Mike Ennis</i>			e. Date Signed 3/15/11

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <b>3/22/11</b>	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
			11-8500-0656-CA

**5. APPLICANT INFORMATION**

Legal Name: TULARE COUNTY BOARD OF SUPERVISORS	Organizational Unit: Department: AGRICULTURAL COMMISSIONER
Organizational DUNS: 157108221	Division:
Address: Street: 2800 W. BURREL AVE., SUITE G	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: MARILYN
City: VISALIA	Middle Name
County: TULARE	Last Name KINOSHITA
State: CALIFORNIA	Suffix:
Zip Code 93291	Email: mkinoshi@co.tulare.ca.us
Country: USA	

**RECEIVED**  
**MAR 22 2011**  
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-6000545</b>	Phone Number (give area code) 559-684-3350	Fax Number (give area code) 559-685-3335
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
Other (specify)	9. NAME OF FEDERAL AGENCY: USDA, APHIS, PPQ	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <b>10-025</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AREA WIDE MANAGEMENT OF GLASSY-WINGED SHARPSHOOTER IN TULARE COUNTY
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTY OF TULARE	

13. PROPOSED PROJECT Start Date: 12/1/2010 Ending Date: 11/30/2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant DISTRICT 21 - DEVIN NUNES b. Project DISTRICT 21 - DEVIN NUNES
15. ESTIMATED FUNDING:	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: <b>3/22/11</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal \$ 1,000,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
b. Applicant \$	
c. State \$	
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 1,000,000.00	

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.

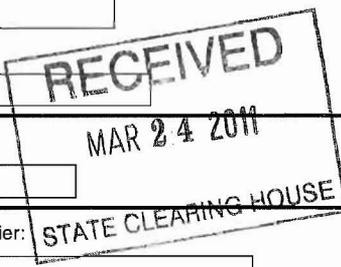
a. Authorized Representative

Prefix	First Name MIKE	Middle Name
Last Name ENNIS	Suffix	
b. Title CHAIRMAN OF THE BOARD OF SUPERVISORS	c. Telephone Number (give area code) 559-636-5000	
d. Signature <i>Mike Ennis</i>	e. Date Signed <b>3/15/11</b>	

**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: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Common Frequency, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 36-4589524	* c. Organizational DUNS: 02-235-3683
---	--

**d. Address:**

\* Street1: P.O. Box 4301  
Street2: \_\_\_\_\_  
\* City: Davis  
County: \_\_\_\_\_  
\* State: CA  
Province: \_\_\_\_\_  
\* Country: USA: United States  
\* Zip / Postal Code: 95617-

**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: Jeff  
Middle Name: \_\_\_\_\_  
\* Last Name: Shaw  
Suffix: \_\_\_\_\_

Title: Board President

Organizational Affiliation:  
\_\_\_\_\_

\* Telephone Number: (530) 792-0763 Fax Number: () - \_\_\_\_\_

\* Email: jeff@commonfrequency.org

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CFDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Atwater, Livingston, Winton, and Greater Merced, CA

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

Construction Project

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="46,659"/>
* b. Applicant	<input type="text" value="15,554"/>
* 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="62,213"/>

**\* 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 thy 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:

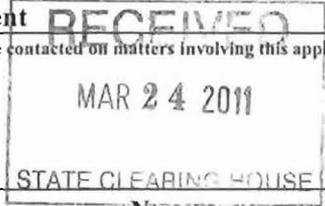
\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 03/22/2011	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <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
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Program Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		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) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20522</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5339 Alternative Analysis Program – Technical Work for Regional Travel Demand Model Improvements, CA-39-0006</b>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date <b>04/30/11</b>	Ending Date <b>1/31/13</b>	a. Applicant <b>Districts 25 – 39, 42 and 46</b>	b. Project <b>Same as Applicant</b>



<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?</b>	
a Federal	\$ 1,030,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>03/22/11</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	\$ 380,000.00		
e Other	\$ .00		
f Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g TOTAL	\$ 1,410,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

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

a Typed Name of Authorized Representative <b>RICHARD CHRISTIE</b>	b Title Transportation Planning Manager	c Telephone number <b>(213) 922-6022</b>
d. Signature of Authorized Representative 	e. Date Signed 03/22/11	

**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:

11-9706-1532-CA



**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

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

68-0325104

\*c. Organizational DUNS:

807-487-665

**d. Address:**

\*Street 1: 1220 N Street

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

\*City: Sacramento Place: 64000

County: Sacramento County:067

\*State: CA 06

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

\*Country: USA GSA:3150

\*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: Dr.

\*First Name: Dennis

Middle Name: J.

\*Last Name: Wilson

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

Title: Veterinary Medical Officer IV

Organizational Affiliation:

None

\*Telephone Number: (916) 651-8833

Fax Number: (916) 653-2215

\*Email: dwilson@cdfa.ca.gov

**Application for Federal Assistance SF-424**

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

USDA, APHIS, Veterinary Services

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

Plant Pest and Animal Disease \_\_\_\_\_

CFDA Title:

Foreign Animal Disease \_\_\_\_\_

**\*12 Funding Opportunity Number:**

10-025 \_\_\_\_\_

\*Title:

Plant Pest and Animal Disease \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Entire State of California (06)

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

Foreign Animal Disease

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 05

\*b. Program/Project: Statewide

**17. Proposed Project:**

\*a. Start Date: 4/1/11

\*b. End Date: 3/31/12

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

*a. Federal	_____	18,250
*b. Applicant	_____	
*c. State	_____	28,091
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	46,341

**\*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 3/24/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Kathy

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

\*Last Name: Alameda

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

\*Title: Federal Funds Manager

\*Telephone Number: (916) 651-9888

Fax Number: -

\* Email: KAlameda@cdfa.ca.gov

\*Signature of Authorized Representative



\*Date Signed: 3/25/11

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

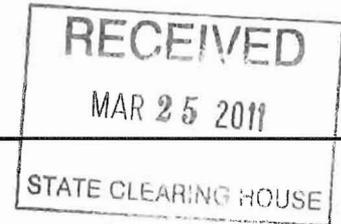
- Preapplication
- Application
- Changed/Corrected Application

\*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:

10-9706-1414-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

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

68-0325104

\*c. Organizational DUNS:

807-487-665

**d. Address:**

\*Street 1: 1220 N Street

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

\*City: Sacramento Place: 64000

County: Sacramento County:067

\*State: CA 06

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

\*Country: USA GSA:3150

\*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: Dr.

\*First Name: Hector

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

\*Last Name: Webster

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

Title: Research Program Specialist II

Organizational Affiliation:

None

\*Telephone Number: (916) 657-5041

Fax Number: (916) 653-2215

\*Email: hwebster@cdfa.ca.gov

**Application for Federal Assistance SF-424**

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

USDA, APHIS, Veterinary Services

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

Plant Pest and Animal Disease \_\_\_\_\_

CFDA Title:

Swine Health Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

10-025 \_\_\_\_\_

\*Title:

Plant Pest and Animal Disease \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Entire State of California (06)

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

Swine Health Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 05

\*b. Program/Project: Statewide

**17. Proposed Project:**

\*a. Start Date: 4/1/11

\*b. End Date: 3/31/12

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

*a. Federal	_____	23,500
*b. Applicant	_____	
*c. State	_____	7,622
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	31,122

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

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

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Kathy

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

\*Last Name: Alameda

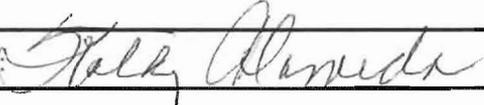
Suffix: \_\_\_\_\_

\*Title: Federal Funds Manager

\*Telephone Number: (916) 651-9888

Fax Number: -

\* Email: KAlameda@cdfa.ca.gov

\*Signature of Authorized Representative: 

\*Date Signed: 3/25/11

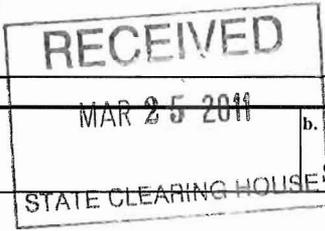
<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 03/23/2011	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> 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: <b>Regional Program Management</b>
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	A State <b>H Independent School Dist.</b> B County <b>I State Controlled Institution of Higher Learning</b> C Municipal <b>J Private University</b> D Township <b>K Indian Tribe</b> E Interstate <b>L Individual</b> F Intermunicipal <b>M Profit Organization</b> G Special District <b>N Other (Specify) _____</b>
If Revision, enter appropriate letter(s) in box(es): <b>A</b>  A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)	<b>State Chartered Transit District</b>

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20500</b>	9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5309 Bus and Bus Facility Program – SFV North-South/Reseda Blvd. Enhancements, CA-04-0073-01</b>

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>06/30/11</b>	Ending Date <b>06/30/12</b>	a. Applicant <b>Districts 27</b>
		b. Project <b>Same as Applicant</b>



15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 135,432.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b Applicant	\$ .00	DATE <u>03/23/11</u>	
c State	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
d Local	\$ 33,858.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 169,290.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a Typed Name of Authorized Representative <b>RICHARD CHRISTIE</b>	b Title Transportation Planning Manager	c Telephone number <b>(213) 922-6022</b>
d. Signature of Authorized Representative <i>Richard Christie</i>	e. Date Signed 03/23/11	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>3/15/2011</b>	Applicant Identifier
TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <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 <b>Los Angeles County Metropolitan Transportation Authority</b>	Organizational Unit: <b>Regional Program Management</b>
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Ashad Hamideh (213) 922-4299</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	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) _____
If Revision, enter appropriate letter(s) in boxes: A Increase Award    B Decrease Award D Decrease Duration    Other (specify)	<b>State Chartered Transit District</b>
	9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  <b>20514</b>	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Metro University: Developing the Next Generation of Transportation Professionals</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF
Start Date <b>9/1/2011</b>	Ending Date <b>8/31/2012</b>
a. Applicant <b>Districts 25 to 39, 42 and 46</b>	b. Project <b>Same as Applicant</b>

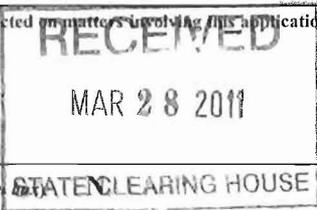
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 480,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>03/16/2011</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> 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	\$ 400,000.00		
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	\$ 880,000.00		

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 <b>Ashad Hamideh</b>	b Title Transportation Planning Manager	c Telephone number <b>(213) 922-4299</b>
d. Signature of Authorized Representative 	e. Date Signed <b>03/15/2011</b>	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 3/24/11	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <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: <b>Regional Capital Development</b>
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Emma Nogales (213) 922-3066</b>



6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 4401975</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)	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) _____
If Revision, enter appropriate letter(s) in box(es):  A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)	<b>State Chartered Transit District</b>
9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20500</b>	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: <b>Section 5909 Fixed Guideway - PM Rail, CA-05-0243-01</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date <b>7/1/09</b>	Ending Date <b>12/31/12</b>	a. Applicant <b>Districts 26,28,31,32,34,35,37 and 38</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 7,069,572.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/24/11</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	\$ 1,767,393.00		
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	\$ 8,836,965.00		

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

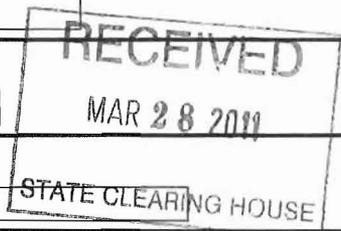
a Typed Name of Authorized Representative <b>GLADYS LOWE</b>	b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 	e. Date Signed <b>3/24/11</b>	

**Application for Federal Assistance SF-424**

Version 02

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
-------------------------------------	--



<b>5a. Federal Entity Identifier:</b> donmanroesquire	<b>* 5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> South Valley Peace Center
---

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 30-0291893	<b>* c. Organizational DUNS:</b> 17-916-9995
--	---

**d. Address:**

<b>* Street1:</b> 17206 Ave 296
<b>Street2:</b> _____
<b>* City:</b> Visalia
<b>County:</b> _____
<b>* State:</b> CA
<b>Province:</b> _____
<b>* Country:</b> USA: United States
<b>* Zip / Postal Code:</b> 93292-9601

**e. Organizational Unit:**

<b>Department Name:</b> Dept of Commerce	<b>Division Name:</b> NTIA
--	----------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> Harold
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Warner	
<b>Suffix:</b> _____	

<b>Title:</b> President
-------------------------

<b>Organizational Affiliation:</b> Board
--

<b>* Telephone Number:</b> (559) 782-9265	<b>Fax Number:</b> () - _____
---	-------------------------------

<b>* Email:</b> uncx@sbcglobal.net
------------------------------------

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

NTIA / OTIA / PTFP

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

11.550

CFDA Title:

Public Telecommunications Facilities Program

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

TBA

\* Title:

Public Telecommunications Facilities Program

**13. Competition Identification Number:**

Title

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

Tulare, Visalia, Hanford, Porterville, CA  
Tulare County, Kings County, Kern County

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

Construction Project

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="126,561"/>
* b. Applicant	<input type="text" value="42,189"/>
* 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="168,750"/>

**\* 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 thy 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:

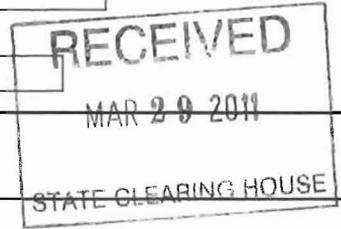
\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

* 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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>956006142W</u>	* c. Organizational DUNS: <u>6277974260000</u>
--	---

**d. Address:**

\* Street1: Sponsored Programs Administration  
Street2: 200 University Office Building  
\* City: Riverside  
County/Parish: Riverside  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 92521-0217

**e. Organizational Unit:**

Department Name: <u>Office of Research</u>	Division Name: <u>Sponsored Programs Admin.</u>
---	--

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

Prefix: Dr. \* First Name: Kristine  
Middle Name: L.  
\* Last Name: Preston  
Suffix: \_\_\_\_\_

Title: Research Ecologist

Organizational Affiliation:  
Ctr for Conservation Biology

* Telephone Number: <u>951-827-5494</u>	Fax Number: _____
---	-------------------

\* Email: kristine.preston@ucr.edu

**Application for Federal Assistance SF-424**

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

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U. S. Geological Survey

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

15.808

CFDA Title:

U.S. Geological Survey\_ Research and Data Collection

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

G11AS20017

\* Title:

Cooperative Ecosystem Studies Unit

**13. Competition Identification Number:**

G11AS20017

Title:

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

201103 USGS States Affected by Study.pdf

Add Attachment

Delete Attachment

View Attachment

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

Greater Sage-Grouse Habitat Modeling for the Great Northern Landscape Conservation Cooperative Study Area

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

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="30,255.00"/>
* 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="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="30,255.00"/>

**\* 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 in attachment.)**

Yes  No

If "Yes", provide explanation and attach

**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**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: Yurok Tribe	<b>Organizational Unit:</b> Department: Planning & Community Development
Organizational DUNS: 622970366	Division:
<b>Address:</b> Street: 190 Klamath Boulevard	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr.
City: Klamath	First Name: Paul
County: Del Norte	Middle Name: Joseph
State: California	Last Name: Riecke
Zip Code: 95548-1027	Suffix:
Country: United States of America	Email: priecke@yuroktribe.nsn.us

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
6 8 - 0 1 7 8 0 2 0

Phone Number (give area code) (707) 482-1366	Fax Number (give area code) (707) 482-1365
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**8. TYPE OF APPLICATION:**  
 New     Continuation     Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
K. Indian Tribe  
Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
U.S. Department of Agriculture

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

TITLE (Name of Program):  
Rural Development - Community Facilities

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

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Finishing the Morek Won Kitchen

**13. PROPOSED PROJECT**  
Start Date: 09/30/2011    Ending Date: 10/01/2011

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant CA-001    b. Project CA-001

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal	\$ 37,500 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	\$ 12,500 <sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income	\$ 0 <sup>00</sup>	
g. TOTAL	\$ 50,000 <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 Mr.	First Name Thomas	Middle Name P.
Last Name O'Rourke		Suffix Sr.
b. Title Tribal Chairman		c. Telephone Number (give area code) (707) 482-1350
d. Signature of Authorized Representative		e. Date Signed