

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: City of Redding, California		Organizational Unit: Benton Airpark	
Organizational DUNS: 07-378-0413		Department: Transportation & Engineering	
Address: Street: 777 Cypress Avenue		Division: Airports	
City: Redding		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Shasta		Prefix: Mr.	First Name: Rod
State: CA Zip Code: 96001-2718		Middle Name: A.	
Country: USA		Last Name: Dinger	
		Suffix:	
		Email: rdinger@ci.redding.ca.us	

RECEIVED

MAY - 1 2007

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 0 1

Phone number (give area code): FAX number (give area code):

(530) 224-4321

(530) 224-4318

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

C

Other (specify)

9. NAME OF FEDERAL AGENCY Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Airfield Drainage Improvements - Phase II

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date: **05/01/07** Ending Date: **04/30/08**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant #02 b. Project #02

15. ESTIMATED FUNDING

a. Federal	\$	130,000	.00
b. Applicant	\$	3,592	.00
c. State	\$	3,250	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	136,842	.00

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

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

DATE: **04/27/06**

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

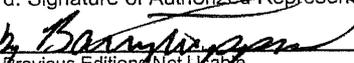
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix Mr.	First Name Kurt	Middle Name
Last Name Starman		Suffix
b. Title City Manager		c. Telephone number (give area code) (530) 225-4060
d. Signature of Authorized Representative 		e. Date Signed 4/25/07

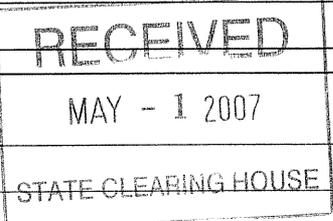
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 27, 2007	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Fresno Area Hispanic Chamber of Commerce	Organizational Unit: Department:
Organizational DUNS: 068011449	Division:
Address: Street: 1456 W. Shaw Ave. City: Fresno County: Fresno State: CA Zip Code: 93711	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Dora Middle Name: C. Last Name: Rivera Suffix:
Country: United States	Email: drivera@fahcc.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 1 - 2 1 1 3 4 3 2

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) N 501 (c) 6 Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development California

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant 1 0 - 7 6 9	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Fresno County Small Business Technical Assistance and Lending Program
---	---

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

Cities of Firebaugh, Mendota and San Joaquin in Fresno County

13. PROPOSED PROJECT Start Date: August 2007 Ending Date: August 2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 99,000.00 b. Applicant \$ 80,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 179,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

Prefix Ms. First Name Dora Last Name Rivera	Middle Name C. Suffix
b. Title President & CEO	c. Telephone Number (give area code) (559) 222-8705
d. Signature of Authorized Representative	e. Date Signed 4/27/07

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/15/07	Applicant Identifier
Pre-application <input checked="" 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: <i>Rural Media Arts & Education Project</i>	Organizational Unit: Department:
Organizational DUNS: <i>11824 8900</i>	Division:
Address: Street: <i>PO Box 898 4994 6th Street</i>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <i>Mr.</i> First Name: <i>Anthony</i>
City: <i>Mariposa</i>	Middle Name: <i>L.</i>
County: <i>Mariposa</i>	Last Name: <i>Radanovich</i>
State: <i>CA</i> Zip Code: <i>95358</i>	Suffix:
Country: <i>U.S.</i>	Email: <i>tony@sti.net</i>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
31-1736950

Phone Number (give area code): *209-742-6666* Fax Number (give area code): *same*

7. TYPE OF APPLICANT: (See back of form for Application Types)
Nonprofit 501 C 3

Other (specify): *Rural Enterprise Grant*

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

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TIT I F (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Cafe 6 at the Old Masonic Hall

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Mariposa County, Madera County

13. PROPOSED PROJECT
Start Date: *9/07* Ending Date: *9/08*

14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <i>19th</i> b. Primary: <i>19th</i>	15. ESTIMATED FUNDING:
	a. Federal \$ <i>250,000</i>
	b. Applicant \$ <i>225,000</i>
	c. State \$ <i>25,000</i>
	d. Local \$ <i>RECEIVED</i>
	e. Other \$ <i>MAY - 1 2007</i>
	f. Program Income \$ <i>STATE CLEARING HOUSE</i>
	g. TOTAL \$ <i>225,000</i>

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: *4/30/07*
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

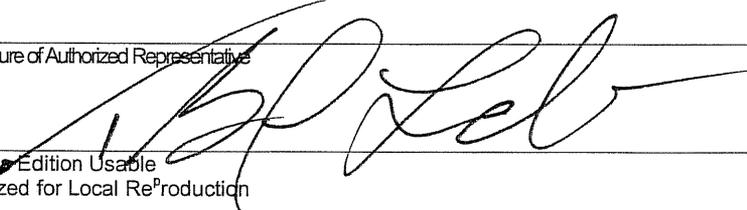
a. Authorized Representative

Prefix: <i>Mr.</i>	First Name: <i>Anthony</i>	Middle Name: <i>L.</i>
Last Name: <i>Radanovich</i>	Suffix:	
Title: <i>Board Chair</i>	c. Telephone Number (give area code): <i>209-742-6666</i>	
d. Signature of Authorized Representative: <i>[Signature]</i>	e. Date Signed: <i>4/15/07</i>	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED April 27, 2007	Applicant Identifier
1. TYPE OF SUBMISSION: Application Construction Non-Construction	Pre-application <input checked="" type="checkbox"/> Construction Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier: 45194000348
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Live Oak		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 9955 Live Oak Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Live Oak		Prefix:	First Name: Satwant
County: Sutter		Middle Name	
State: CA		Last Name Takhar	
Zip Code 95953		Suffix:	
		Email: stakhar@liveoakcity.org	
6. EMPLOYER IDENTIFICATION 94-6000358		Phone Number (give area code) (530) 695-2112	Fax Number (give area code) (530) 695-2595
8. TYPE OF APPLICATION: If Revision, enter appropriate letter(s) (See back of form for description) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
<input checked="" type="checkbox"/> New		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Live Oak Waste Water Treatment Plant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Live Oak Waste Water Treatment Plant	
12. AREAS AFFECTED BY PROJECT: City of Live Oak			
13. PROPOSED PROJECT Start Date: 9/1/07 Ending Date: 4/1/09		14. CONGRESSIONAL DISTRICTS OF: 02 Wally Herger a. Applicant: City of Live Oak b. Project: Live Oak Waste Water Treatment Plant	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$20.0 million	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 27, 2007 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE	
b. Applicant			
c. State			
d. Local	\$5.32million		
e. Other			
f. Program Income			
g. TOTAL	\$25.32million	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 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. Authorized Representative		
Prefix	First Name	Middle Name
	Tom	
Last Name		Suffix
Lando		
b. Title		c. Telephone Number (give area code)
Interim City Manager		(530) 695-2112
d. Signature of Authorized Representative		e. Date Signed
		4/30/07

Previous Edition Usable
 Authorized for Local Re^oproduction

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



SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.



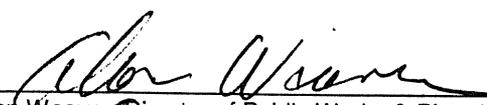
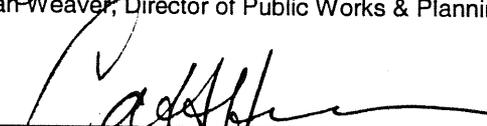
SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		/078787397	
0		0	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-6000512		7/1	
Applicant Type:		Specify Other Type if necessary:	
Local Government: County		Specify Other Type	
Program Funding		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> - Area Based Policing - CDBG Housing Program Administration - General Management, Oversight, and Coordination - Housing Rehabilitation Loans (Owner Occupied and Rental) - Public Information - Social Services Programs - Lanare Water System Reliability Improvements - Tranquillity Fire Station 95 Improvements - Calwa Barton Square Sidewalk Improvements - Coalinga Washington/Van Ness Street Storm Drainage Improvements (07186) - Fowler Pedestrian & Landscaping Improvements 9th/10th/Main Street (07189) - Kerman Community/Teen Center Section 108 Loan Repayment (07868) - Kerman ADA Curb Improvements (07200) - Kingsburg 20th Ave. Sidewalks, Curb & Gutter Improvements (07173) - Mendota Lanscaping & Pedestrian Improvements Phase II (07148) 		The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma	

<ul style="list-style-type: none"> - Sanger PAL Park Improvements (07196) - Sanger PAL Paking Lot Improvements (07201) - Sanger Skate Park (07197) - Selma Nebraska Ave. & Bauder St. Road Reconstruction (07198) 		
\$CDBG Grant Amount 4,075,741	\$0	Describe
\$0		\$0
\$0		\$0
\$885,125 (program income)		Other (Describe)
0		
Home Investment Partnerships Program		14.239 HOME
HOME Project Titles		Description of Areas Affected by HOME Project(s)
<ul style="list-style-type: none"> - Administration of HOME - Downpayment/Mortgage Assistance (HOME/ADDI) - HOME CHDO Set-Aside Affordable Housing Development in Cities and Unincorporated Area - Housing Rehabilitation Loans in Cities and Unincorporated Area (Owner Occupied) - Lead Based Paint Testing and Abatement - Relocation Assistance - Rehabilitation Program (Rental - Cities and Unincorporated Area) 		The unincorporated area of Fresno County; The cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma
\$1,578,630	\$0	Describe
\$0		\$0
\$0		\$0
\$900,000 (program income)		Other (Describe) ADDI 20,137
\$0		
Housing Opportunities for People with AIDS		14.241 HOPWA
HOPWA Project Titles Not Applicable		Description of Areas Affected by HOPWA Project(s)
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged
\$Locally Leveraged Funds		\$Grantee Funds Leveraged
\$Anticipated Program Income		Other (Describe)
Total Funds Leveraged for HOPWA-based Project(s)		

Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
- Emergency Shelter Grant (ESG) Administration - Marjoree Mason Center - EOC Youth Sanctuary			
\$176,175	\$0	Describe	
\$0	\$0		
\$0	\$0		
\$0		Other (Describe)	
\$0			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 18, 19, 20, 21	Project Districts 18,19,20,21		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 5/4/2007
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Gigi	0	Gibbs
Community Development Manager	(559) 262-4292	(559) 488-3940
0	www.co.fresno.ca.us	0
Signature of Authorized Representative		Date Signed
 Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		April 26, 2007
 Catherine Huerta, Acting Director, Department of Children & Family Services (ESG Rep.)		April 26, 2007

APPLICATION FOR FEDERAL ASSISTANCE

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

6. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: City of Los Angeles		Department: Los Angeles World Airports	
Organizational DUNS: 128899460		Division: Financial Services, Grants Administration Section	
Address: Street: 1 World Way		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix: Ms.	First Name: Lisa
County: Los Angeles		Middle Name	
State: CA		Last Name Wellik	
Zip Code 90045		Suffix:	
Country: USA		Email: lwellik@lawa.org	

RECEIVED
 MAY - 2 2007
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000735	Phone Number (give area code) (310) 646-1836	Fax Number (give area code) (310) 417-1081
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles/Palmdale Regional Airport (LA/PMD) Master Plan Study: Element 1, Tasks 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, and 1.8
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles/Palmdale Regional Airport, City of Palmdale, County of Los Angeles	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35 - Los Angeles World Airports b. Project 25 - LA/PMD
--	--

13. PROPOSED PROJECT Start Date: September 2007 Ending Date: June 2008	15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
	a. Federal \$ 314,563.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 2, 2007 (Projected)
	b. Applicant \$ 16,556.00	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 \$ 331,119.00	

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 Samson	Middle Name
Last Name Mangistu		Suffix
b. Title Acting Executive Director		c. Telephone Number (give area code) (310) 646-6250
d. Signature of Authorized Representative		e. Date Signed 5/1/07

Previous Edition Usable
Authorized for Local Reproduction

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

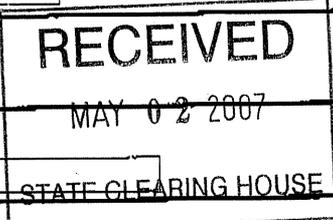
OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

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

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



5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
N/A	N/A

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: North County Lifeline, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-2794253	11-533-6844

d. Address:

* Street1:	200 Michigan Avenue
Street2:	[]
* City:	Vista
County:	San Diego
* State:	California
Province:	[]
* Country:	United States
* Zip / Postal Code:	92084

e. Organizational Unit:

Department Name:	Division Name:
Social Services Department	EITC Program

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

Prefix:	* First Name:
[]	Rachel
Middle Name:	[]
* Last Name:	Mesches
Suffix:	[]
Title:	Resource Developer
Organizational Affiliation:	[]

* Telephone Number:	(760) 631-5622 x110	Fax Number:	(760) 631-5633
* Email:	rmesches@nclifeline.org		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M. - Nonprofit with 501(c)3 IRS Status

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:

Department of Health & Human Services, ACF (Office of Community Services)

11. Catalog of Federal Domestic Assistance Number:

93.570

CFDA Title:

Community Services Block Grant (CSBG) Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Activities

* 12. Funding Opportunity Number:

HHS-2007-ACF-OCS-ET-0086

* Title:

Community Services Block Grant (CSBG) Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Activities

13. Competition Identification Number:

N/A

Title:

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

North San Diego County, California. Service area includes the cities, townships, and areas of Bonsall, Borrego Springs, Camp Pendleton, Carlsbad, Del Mar, Encinitas, Escondido, Fallbrook, Julian, Oceanside, Pauma Valley, Poway, Ramona, Rancho Penoquitos, Rancho Santa Fe, San Marcos, San Pasqual,

* 16. Descriptive Title of Applicant's Project: Solana Reach, Valley Center, Warner Springs

Increasing the Financial Literacy Level of Low-Income CSBG-Eligible North San Diego County Residents Through EITC, Financial Literacy, and Asset Building Services

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-049

* b. Program/Project CA-049 - CA-050, CA-051

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

CA-050, CA-052

Add Attachment

17. Proposed Project:

* a. Start Date: 7/1/07

* b. End Date: 6/30/10

18. Estimated Funding (\$):

* a. Federal	\$50,000
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$50,000

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

 a. This application was made available to the State under the Executive Order 12372 Process for review on 5/2/07 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:

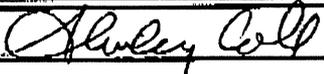
Prefix: _____ * First Name: Shirley
Middle Name: _____
* Last Name: Cole
Suffix: _____

* Title: Executive Director

* Telephone Number: (760) 631-5622 x100

Fax Number: (760) 631-5633

* Email: scole@nclifeline.org

* Signature of Authorized Representative: 

* Date Signed: 4/24/07

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

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

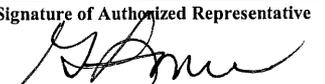
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not Applicable

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" 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: Long Range Planning & Programming	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N STATE CLEARING HOUSE 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) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)			
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 500 TITLE 49 U.S.C. § 5309		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2007 Fixed Guideway, CA-05-0212	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07/01/2006	Ending Date 6/30/2007	a. Applicant Districts 24 through 39, and 41	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 40,281,000	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>4/30/07</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
d Local	\$ 10,070,250.00		
e Other	\$.00		
f Program Income	\$.00		
g TOTAL	\$ 50,351,250.00		

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

a Typed Name of Authorized Representative Gladys Lowe	b Title Director, Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 4/30/2007	

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION			
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			
4. Federal Identifier			
5. APPLICANT INFORMATION			
			* Organizational DUNS: 124728725
* Legal Name: The Regents of the University of California			
Department: Sponsored Projects Office	Division:		
* Street1: 2150 Shattuck Ave. Suite 313	Street2:		
* City: Berkeley	County: Alameda	* State: CA: California	
Province:	* Country: UNITED ST	* ZIP / Postal Code: 94704-5940	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 03 2007 STATE CLEARING HOUSE </div>			
Person to be contacted on matters involving this application			
Prefix:	* First Name: Susan	Middle Name:	* Last Name: Hedley Suffix:
* Phone Number: (510)842-8119	Fax Number: (510)842-8236	Email: shedley@berkeley.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
94-6002123		H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New		Other (Specify):	
<input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY:	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Chicago Service Center	
What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
		81.049	
		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Trajectories of microbial community function in response to accelerated remediation of subsurface metal contaminants			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
Berkeley CA			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
* Start Date	* Ending Date	a. * Applicant	b. * Project
10/01/2007	09/30/2010	CA-009	CA-009
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:	* First Name: Mary	Middle Name:	* Last Name: Firestone Suffix:
Position/Title: Professor	* Organization Name: The Regents of the University of California		
Department: ESPM ECOSYSTEM SCIENCES DIV	Division:		
* Street1: 333 Hilgard	Street2:		
* City: Berkeley	County: Alameda	* State: CA: California	
Province:	* Country: UNITED ST	* ZIP / Postal Code: 94720-3110	
* Phone Number: (510)642-3677	Fax Number: (510)643-5098	* Email: mkfstone@nature.berkeley.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	787,533.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	0.00	DATE:	
c. * Estimated Program Income	0.00	b. NO <input checked="" type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)			
<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.			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name:
	Susan		Hedley
Suffix:			
* Position/Title:	Senior Research Analyst	* Organization:	The Regents of the University of California
Department:	Sponsored Projects Office	Division:	
* Street1:	2150 Shattuck Ave. Suite 313	Street2:	
* City:	Berkeley	County:	Alameda
		* State:	CA: Californi
Province:		* Country:	UNITED ST
		* ZIP / Postal Code:	94704-5940
* Phone Number:	(510)642-8119	Fax Number:	(510)642-8236
		* Email:	shedley@berkeley.edu
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
20. Pre-application		Firestone ERSP 07 preproposal.doc	
		Add Attachment	
		Delete Attachment	
		View Attachment	
21. Attach an additional list of Project Congressional Districts if needed.			
Congressional Districts.doc		Add Attachment	
		Delete Attachment	
		View Attachment	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

- Application
- Construction
 - Non-Construction

Preapplication

- Construction
- Non-Construction

2. DATE SUBMITTED
July 28, 2006

Applicant Identifier
R9 Tracking Number 06-419

3. DATE RECEIVED BY STATE

State Application Identifier
A009059-07-0

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION DUNS# 00-9581646

Legal Name: San Diego County Air Pollution Control District

Organizational Unit: San Diego County Air Pollution Control District

Address (give city, county, state, and zip code):
9150 Chesapeake Drive
San Diego, Ca. 92123-1096

Name and telephone number of the person to be contacted on matters involving this application (give area code)
PATRICIA SALY - Tel. No. (858) 586-2606

6. EMPLOYER IDENTIFICATION (EIN):
22-0488415

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

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

8. TYPE OF APPLICATION:

9. New Continuation Revision
- If Revision, enter appropriate letter(s) in box(es):
- A. Increase Award
 - B. Decrease Award
 - C. Increase Duration
 - D. Decrease Duration
- Other Specify:

9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency/Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6-001
TITLE: FY 07 SECTION 105 GRANT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
County Air Pollution Control Program maintenance of basic Air Pollution Control program and regional cooperative air quality planning process. Preparation, updating & implementation of plans for attaining & maintaining national ambient air quality standards.

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

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date	End Date	a. Applicant:	b. Project
10-01-06	09-30-07	50, 52, 53	50, 52, 53 (Countywide)

15. Estimated Funding:

a. Federal	\$ 1,441,088.00
b. Applicant	\$ 16,261,128.00
c. State	\$ 855,000.00
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 18,557,166.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12872 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12872 PROCESSES FOR REVIEW ON: August 1, 2006

b. NO.
 PROGRAM IS NOT COVERED BY E.O. 12872
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Typed Name of Authorized Representative RICHARD J. SMITH

b. Title: Director, APC

c. Telephone Number (858) 586-2600

d. Signature of Authorized Representative

BY: FERMINAND R. ALVIAR, Principal Accountant

c. Date Signed
July 28, 2006

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction		2. Date Submitted		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		3. Date Rec'd by State		State Application Identifier	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		4. Date Rec'd by Federal		Federal Identifier	
		<p style="text-align: center;">RECEIVED MAY 03 2007 STATE CLEARING HOUSE</p> Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): David Kim (916) 341-5720			
6. Employer Identification Number (EIN): 68-0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u>			
6. D U N S Number: 808321913		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Institute of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)			
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency: U. S. Environmental Protection Agency			
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for Clean Water State Revolving Fund		11. Descriptive Title of Applicant's Project: Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a nonpoint source management program, and development and implementation of estuary conservation and management plans.			
12. Area Affected by Project: (cities, counties, states, etc.) California		14. Congressional District of: Applicant: 3 Project: California - All			
13. Proposed Project: Start Date: 7/1/2007 End Date: 6/30/2017		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 3, 2007 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.			
15. ESTIMATED FUNDING:		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO			
a. Federal \$92,791,710 b. Applicant \$0 c. State \$18,558,342 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$111,350,052		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:			

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

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

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

5. APPLICANT INFORMATION * Organizational DUNS: 124728725

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office Division:

* Street1: 2150 Shattuck Avenue, Suite 313 Street2:

* City: Berkeley County: Alameda * State: CA: California

Province: * Country: UNITED ST * ZIP / Postal Code: 94704-5940


Person to be contacted on matters involving this application
 Prefix: * First Name: Susan Middle Name: Last Name: Hedley Suffix:
 * Phone Number: (510)642-8119 Fax Number: (510)642-8236 Email: spo_grants_gov@lists.berkeley.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6002123
7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision
 Other (Specify): Women Owned Socially and Economically Disadvantaged

 If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)
 * Is this application being submitted to other agencies? Yes No
 What other Agencies?
9. NAME OF FEDERAL AGENCY: Chicago Service Center
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
 TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Understanding the role of humic substances in actinide bio-immobilization in contaminated DOE sites

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
 N/A

13. PROPOSED PROJECT: * Start Date: 01/01/2008 * Ending Date: 12/31/2010
14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: CA-009 b. * Project: CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
 Prefix: * First Name: JOHN Middle Name: Last Name: COATES Suffix:
 Position/Title: Principal Investigator * Organization Name: The Regents of the University of California
 Department: Sponsored Projects Office Division:
 * Street1: 2150 Shattuck Avenue, Suite 313 Street2:
 * City: Berkeley County: Alameda * State: CA: California
 Province: * Country: UNITED ST * ZIP / Postal Code: 94704-5940
 * Phone Number: (510)643-8455 Fax Number: * Email: jcoates@nature.berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	1,350,000.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	1,350,000.00	DATE:	5/3/07
c. * Estimated Program Income	0.00	b. NO	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Susan		Hedley	
* Position/Title:	Senior Research Analyst	* Organization:	The Regents of the University of California	
Department:	Sponsored Projects Office	Division:		
* Street1:	2150 Shattuck Avenue, Suite 313	Street2:		
* City:	Berkeley	County:	Alameda	* State:
Province:		* Country:	UNITED ST	* ZIP / Postal Code:
* Phone Number:	(510)642-8119	Fax Number:		* Email:
				spo_grants_gov@lists.berkeley.edu
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application**21. Attach an additional list of Project Congressional Districts If needed.**

Grants.gov Track #: GRANT 00254191
DOE IIPS Submission #: ER07-01-61541

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier F. Gibou - Record #20071492
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Legal Name: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects Office

* Street1: 3227 Cheadle Hall Street2: University of California

* City: Santa Barbara County: Santa Barbara * State: CA: Californi

Province: Country: UNITED ST * ZIP / Postal Code: 93106-2050

* Organizational DUNS: 094876394

Person to be contacted on matters involving this application

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

Ms. Lynne Van Der Kamp

* Phone Number: (805) 893-5667 Fax Number: (805) 893-2611 Email: van@research.ucsb.edu

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

95-6008145W

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

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

D. Decrease Duration E. Other (specify)

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

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Computational Fluid Dynamics Algorithms for Interfaces, Adaptivity, and Coupling to Solids

RECEIVED

MAY - 4 2007

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

Santa Barbara, CA

13. PROPOSED PROJECT:

* Start Date * Ending Date

10/01/2007 09/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant CA-023 b. * Project CA-023

STATE CLEARING HOUSE

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Prof. Frederic Gibou PhD

Position/Title: Assistant Professor * Organization Name: University of California, Santa Barbara

Department: Mechanical Engineering Division:

* Street1: Engr II Bldg, Rm 2334 Street2: University of California

* City: Santa Barbara County: Santa Barbara * State: CA: Californi

Province: Country: UNITED ST * ZIP / Postal Code: 93106-5070

* Phone Number: (805) 893-7152 Fax Number: (805) 893-8651 * Email: fgibou@engineering.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	376,145.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	376,145.00	DATE:	04/30/2007
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Lynne		Van Der Kamp	
* Position/Title:	* Organization:			
Sponsored Projects Officer	The Regents of the University of California			
Department:	Division:			
Office of Research	Sponsored Projects Office			
* Street1:	Street2:			
3227 Cheadle Hall	University of California			
* City:	County:	* State:		
Santa Barbara	Santa Barbara	CA: Califor		
Province:	* Country:	* ZIP / Postal Code:		
	UNITED ST	93106-2050		
* Phone Number:	Fax Number:	* Email:		
(805) 893-5687	(805) 893-2611	van@research.ucsb.edu		
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application

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

Grants.gov Tracking #: GRANT00182934
DOE IIPS Submission #: ER07-01-42754

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier		

5. APPLICANT INFORMATION * Organizational DUNS: 0946783940000

* Legal Name: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects Office

* Street1: 3227 Cheadle Hall Street2: University of California

* City: Santa Barbara County: Santa Barbara * State: CA: Califon

Province: Country: UNITED ST * ZIP / Postal Code: 93106-2050

Person to be contacted on matters involving this application

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

Dr. Igor Mezic PhD

* Phone Number: (805) 893-7603 Fax Number: (805) 893-8651 Email: mezic@engineering.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-6006145W	7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): Small Business Organization Type <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)	9. * NAME OF FEDERAL AGENCY: Chicago Service Center
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81,049 TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Self assembly of silicatein proteins into functional superstructures

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

13. PROPOSED PROJECT:
* Start Date: 07/01/2007 * Ending Date: 06/30/2010

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-023 b. * Project: CA-023

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Dr. Igor Mezic PhD

Position/Title: Professor * Organization Name: University of California

Department: Mechanical Engineering Division:

* Street1: Engr II Bldg, Rm 2339 Street2:

* City: Santa Barbara County: Santa Barbara * State: CA: Califon

Province: Country: UNITED ST * ZIP / Postal Code: 93106-5070

* Phone Number: (805) 893-7603 Fax Number: (805) 893-8651 * Email: mezic@engineering.ucsb.edu

RECEIVED
MAY - 4 2007
STATE CLEARING HOUSE

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	617,441.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	617,441.00	DATE:	12/20/2006
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Lynne		Van Der Kamp	
* Position/Title:	* Organization:			
Sponsored Projects Officer	The Regents of the University of California			
Department:	Division:			
Office of Research	Sponsored Projects Office			
* Street1:	Street2:			
3227 Cheadle Hall	University of California			
* City:	County:	* State:		
Santa Barbara	Santa Barbara	CA: Californi		
Province:	* Country:	* ZIP / Postal Code:		
	UNITED ST	93106-2050		
* Phone Number:	Fax Number:	* Email:		
(805) 893-5687	(805) 893-2611	van@research.ucsb.edu		

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

Delete Attachment

View Attachment

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

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: CALIFORNIA CITRUS MUTUAL		Organizational Unit: Department:		
Organizational DUNS: 097071211		Division:		
Address: Street: 512 NORTH KAWEAH AVENUE		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: EXETER		Prefix: MS.	First Name: SHIRLEY	
County: TULARE		Middle Name: A.		
State: CA		Last Name: BATCHMAN		
Zip Code: 93221-1200		Suffix:		
Country: USA		Email: shirleyb@cacitrusmutual.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139901		Phone Number (give area code) 559-592-3790	Fax Number (give area code) 559-592-3798	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) ENTIRE FORM HAS BEEN REWRITTEN		7. TYPE OF APPLICANT: (See back of form for Application Types) NOT FOR PROFIT ORGANIZATION Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): FRESNO, TULARE, AND KERN COUNTIES		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CENTRAL CALIFORNIA WEATHER WATCH (SEE ATTACHED)		
13. PROPOSED PROJECT Start Date: 7/1/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21ST		
Ending Date: 10/15/07		b. Project 21ST-22ND		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 68,400 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: MAY 3, 2007		
b. Applicant IN KIND	\$ 3,700 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0 ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 72,100 ⁰⁰	a. Authorized Representative		
Prefix MR.		First Name JOEL		Middle Name A.
Last Name NELSEN		Suffix		
b. Title PRESIDENT/CEO		c. Telephone Number (give area code) 559-592-3790		
d. Signature of Authorized Representative		e. Date Signed 5/3/07		

Previous Edition Usable
Authorized for Local Reproduction

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



SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

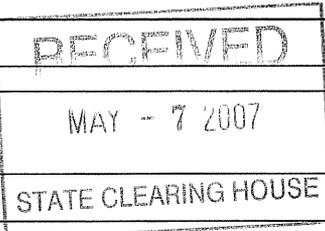
Date Submitted	5/15/07	Applicant Identifier	B-07-UC-060501; M-07-DC-060534; and, ESG-2007	Type of Submission	
Date Received by state		State Identifier		Application	Pre-application
Date Received by HUD		Federal Identifier		<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
				<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information					
Jurisdiction			San Diego Urban County	UOG Code: 06-9073	
Street Address Line 1:			3989 Ruffin Road	Organization DUNS: 00-9581646	
Street Address Line 2:			San Diego, CA 92123	Organization Unit: County of San Diego	
City:	San Diego	State:	California	Department: Housing and Community Development	
ZIP:	92123	Country:	U.S.A.	Division: Community Development Division	
Employer Identification Number (EIN):				County: San Diego	
Applicant Type:				Program year Start Date (MM/DD) 07/01	
Local Government: County				Specify Other Type if necessary:	
				Specify Other Type	
Program Funding				U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers: Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
Community Development Block Grant				14.218 Entitlement Grant	
CDBG Project Titles			CDBG entitlement to be used for housing acquisition, development and rehabilitation, public improvements, economic development, and planning, to improve the living environment of lower income families.	Description of Areas Affected by CDBG Project(s)	
				Unincorporated Areas and Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway and Solana Beach	
\$CDBG Grant Amount		\$4,818,222	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged			\$Additional State Funds Leveraged		
\$Locally Leveraged Funds			\$Grantee Funds Leveraged		
\$Anticipated Program Income			\$850,000	Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s) \$5,668,222					
Home Investment Partnerships Program				14.239 HOME	
HOME Project Titles			HOME Investment Partnerships and American Dream Downpayment Initiative funds will be used for a variety of housing programs, including, but not limited to acquisition, rehabilitation, new construction, rental assistance and first-time homebuyer assistance.	Description of Areas Affected by HOME Project(s)	
				Urban County and Cities: Carlsbad, Encinitas, La Mesa, San Marcos, Santee and Vista	
\$HOME Grant Amount		\$4,039,670	\$Additional HUD Grant(s) Leveraged	Describe	

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: City of Redding, California	Organizational Unit: Redding Municipal Airport
Organizational DUNS: 07-378-0413	Department: Transportation & Engineering
Address: Street: 777 Cypress Avenue	Division: Airports
City: Redding	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Shasta	Prefix: Mr. First Name: Rod
State: CA Zip Code: 96001-2718	Middle Name: A.
Country: USA	Last Name: Dinger
	Suffix:
	Email: rdinger@ci.redding.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 0 1

Phone number (give area code): (530) 224-4321	FAX number (give area code): (530) 224-4318
---	---

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program (AIP)**

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

1. Terminal Building Rehabilitation/Expansion Concepts and Design (Phase II)
2. FOD Boss Sweeper & 4x4 Truck
3. T-Hangar Taxilane
4. Rehabilitate Taxiway "A" and MITL
5. Rehabilitate Taxiway "B" and MITL
6. West Taxilane
7. Municipal Blvd. Extension (Access Road)

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

Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date 05/01/07	Ending Date 04/30/08
-------------------------------	--------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant #02	b. Project #02
----------------------------	--------------------------

15. ESTIMATED FUNDING

a. Federal	\$	2,802,500	.00
b. Applicant	\$	147,500	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	2,950,000	.00

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

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

DATE: **04/17/07**

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative

Prefix Mr.	First Name Kurt	Middle Name
Last Name Starman		Suffix
b. Title City Manager		c. Telephone number (give area code) (530) 225-4060
d. Signature of Authorized Representative 		e. Date Signed X 4/30/07

APPLICATION FOR FEDERAL ASSISTANCE

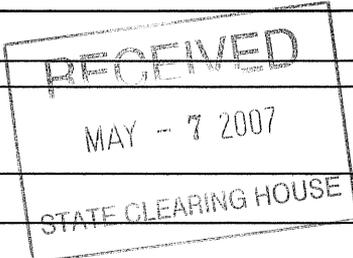
2. DATE SUBMITTED April 2007	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:
Application
 Construction
 Non-Construction

Preapplication
 Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Redding, California	Organizational Unit: Redding Municipal Airport
Organizational DUNS: 07-378-0413	Department: Transportation & Engineering
Address: Street: 777 Cypress Avenue	Division: Airports
City: Redding	Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Shasta	Prefix: Mr. First Name: Rod
State: CA Zip Code: 96001-2718	Middle Name: A.
Country: USA	Last Name: Dinger
	Suffix:
	Email: rdinger@ci.redding.ca.us



6. EMPLOYER IDENTIFICATION NUMBER E/M:

9 4 - 6 0 0 0 4 0 1

Phone number (give area code): (530) 224-4321	FAX number (give area code): (530) 224-4318
---	---

8. TYPE OF APPLICATION:
 New Continuation Revision

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

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program (AIP)**

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 1. **Land Acquisition Reimbursement – Approach Protection (Parcel #47)**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date 05/01/07	Ending Date 12/31/07
-------------------------------	--------------------------------

14. CONGRESSIONAL DISTRICTS OF

a. Applicant #02	b. Project #02
----------------------------	--------------------------

15. ESTIMATED FUNDING

a. Federal	\$	346,750	.00
b. Applicant	\$	18,250	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	365,000	.00

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

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

DATE: **04/17/07**

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

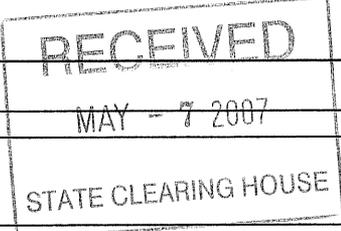
a. Authorized Representative

Prefix Mr.	First Name Kurt	Middle Name
Last Name Starman		Suffix
b. Title City Manager		c. Telephone number (give area code) (530) 225-4060
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed 4/23/07

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: City of Redding, California		Organizational Unit: Benton Airpark
Organizational DUNS: 07-378-0413		Department: Transportation & Engineering
Address: Street: 777 Cypress Avenue		Division: Airports
City: Redding		Name and telephone number of person to be contacted on matters involving this application (give area code)
County: Shasta		Prefix: Mr. First Name: Rod
State: CA Zip Code: 96001-2718		Middle Name: A.
Country: USA		Last Name: Dinger
		Suffix:
		Email: rdinger@ci.redding.ca.us
		Phone number (give area code): (530) 224-4321 FAX number (give area code): (530) 224-4318

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 4 0 1

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

C

Other (specify)

**9. NAME OF FEDERAL AGENCY
Federal Aviation Administration**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE: **Airport Improvement Program (AIP)**

**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Runway Safety Area Improvements (Design - Phase II)**

13. PROPOSED PROJECT

Start Date: **05/01/07** Ending Date: **04/30/08**

14. CONGRESSIONAL DISTRICTS OF

a. Applicant **#02** b. Project **#02**

15. ESTIMATED FUNDING

a. Federal	\$	150,000	.00
b. Applicant	\$	4,145	.00
c. State	\$	3,750	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program income	\$	0	.00
g. TOTAL	\$	157,895	.00

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

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

DATE: **04/17/07**

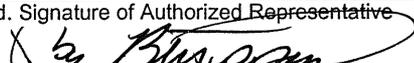
b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation No

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

a. Authorized Representative			
Prefix Mr.	First Name Kurt	Middle Name	
Last Name Starman		Suffix	
b. Title City Manager		c. Telephone number (give area code) (530) 225-4060	
d. Signature of Authorized Representative 		e. Date Signed 4/30/07	

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

2. DATE SUBMITTED

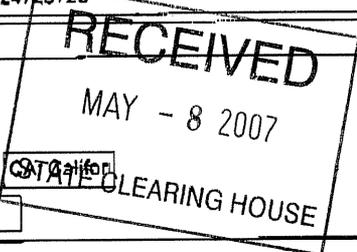
05/02/2007

Applicant Identifier**3. DATE RECEIVED BY STATE**

State Application Identifier

1. TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier**5. APPLICANT INFORMATION***** Organizational DUNS:** 124726725*** Legal Name:** The Regents of the University of California**Department:** Sponsored Projects Office**Division:***** Street1:** 2150 Shattuck Ave Suite 313**Street2:***** City:** Berkeley**County:** Alameda*** State:** California**Province:***** Country:** UNITED ST*** ZIP / Postal Code:** 94720-5940

Person to be contacted on matters involving this application

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

*** Phone Number:** 510-642-8119 **Fax Number:** 510-642-8236 **Email:** shedley@berkeley.edu

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

946002123

7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

B. TYPE OF APPLICATION: New

- Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:

DOT - FAA Aviation Research Grants

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20.108

TITLE: Aviation Research Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

A Detailed Look at Uncontained Engine Fragment Fuselage Penetration Energy Absorption

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

USA

13. PROPOSED PROJECT:

*** Start Date** 08/01/2007 *** Ending Date** 03/31/2009

14. CONGRESSIONAL DISTRICTS OF:

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

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * **First Name:** Tarek **Middle Name:** *** Last Name:** Zohdi **Suffix:** PhD

Position/Title: Associate Professor*** Organization Name:** The Regents of the University of California**Department:** Mechanical Engineering**Division:***** Street1:** 6117 Etcheverry Hall**Street2:***** City:** Berkeley**County:** Alameda*** State:** CA: Califor**Province:***** Country:** UNITED ST*** ZIP / Postal Code:** 94720-5940*** Phone Number:** 510-642-9172**Fax Number:** 510-642-6163*** Email:** zohdi@me.berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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

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

DATE:

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

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

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

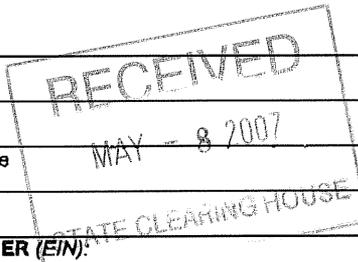
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED APRIL 13, 2007	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: TRINITY COUNTY, CALIFORNIA	Organizational Unit: Department: BUILDING AND DEVELOPMENT SERVICES
Organizational DUNS: 145381427	Division: AIRPORTS
Address: Street: 60 GLEN ROAD	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: BILL
City: WEAVERVILLE	Middle Name
County: TRINITY	Last Name: CHAMBERS
State: CALIFORNIA	Suffix:
Country: USA	Email: bchamb3167@aol.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 8 0 0 0 5 4 4	Phone Number (give area code) (530) 623-1354	Fax Number (give area code) (530) 623-1353
---------------------	---	---

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

B. COUNTY
Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

2 0 - 1 0 8

TITLE (Name of Program):
AIRPORT IMPROVEMENT PROGRAM

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
TOWN OF TRINITY CENTER, TRINITY COUNTY, CALIFORNIA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
TRINITY CENTER AIRPORT, TRINITY CENTER, TRINITY COUNTY, CALIFORNIA
CONSTRUCT 6-FOOT CHAIN LINK FENCE (11,000 LN. FT.)
SLURRY SEAL AIRFIELD PAVEMENTS (37,000 SQ. YD.)
OBSTRUCTION STUDY

13. PROPOSED PROJECT

Start Date: 2007	Ending Date: 2007
---------------------	----------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 2nd	b. Project 2nd
---------------------	-------------------

15. ESTIMATED FUNDING:

a. Federal	\$	515,573 ⁰⁰
b. Applicant	\$	14,248 ⁰⁰
c. State	\$	12,889 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	542,708 ⁰⁰

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

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: APRIL 30, 2007

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix MR.	First Name WYATT	Middle Name
Last Name PAXTON		Suffix
b. Title DIRECTOR, BUILDING AND DEVELOPMENT SERVICES		c. Telephone Number (give area code) (530) 623-1354
d. Signature of Authorized Representative		e. Date Signed 5-8-07

Previous Edition Usable
Authorized for Local Reproduction

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

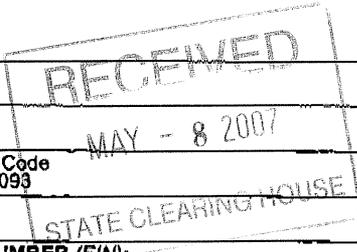
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED APRIL 13, 2007	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: TRINITY COUNTY, CALIFORNIA	Organizational Unit: Department: BUILDING AND DEVELOPMENT SERVICES
Organizational DUNS: 145381427	Division: AIRPORTS
Address: Street: 60 GLEN ROAD	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: BILL Middle Name
City: WEAVERVILLE County: TRINITY State: CALIFORNIA Country: USA	Last Name: CHAMBERS Suffix: Email: bchamb3167@aol.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-8000544

Phone Number (give area code): (530) 623-1354
 Fax Number (give area code): (530) 623-1353

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

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

9. NAME OF FEDERAL AGENCY:
 Federal Aviation Administration

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

TITLE (Name of Program):
 AIRPORT IMPROVEMENT PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 WEAVERVILLE LONNIE POOL AIRPORT, WEAVERVILLE, TRINITY COUNTY, CALIFORNIA
 CONSTRUCT 8-FOOT CHAIN LINK FENCE - PHASE 2
 SLURRY SEAL AIRFIELD PAVEMENTS (44,000 SQ. YD.) - PHASE 2

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 TOWN OF WEAVERVILLE, TRINITY COUNTY, CALIFORNIA

13. PROPOSED PROJECT
 Start Date: 2007 Ending Date: 2007

15. ESTIMATED FUNDING: a. Federal \$ 310,610 b. Applicant \$ 8,583 c. State \$ 7,765 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 326,958	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd
	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: APRIL 18, 2007 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
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

Prefix: MR.	First Name: WYATT	Middle Name:
Last Name: PAXTON	Suffix:	
b. Title: DIRECTOR, BUILDING AND DEVELOPMENT SERVICES	c. Telephone Number (give area code): (530) 623-1354	
d. Signature of Authorized Representative:	e. Date Signed: 5-8-07	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED APRIL 13, 2007	Applicant Identifier
3. DATE RECEIVED BY STATE			State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: TRINITY COUNTY, CALIFORNIA			Organizational Unit: Department: BUILDING AND DEVELOPMENT SERVICES	
Organizational DUNS: 145381427			Division: AIRPORTS	
Address: Street: 60 GLEN ROAD			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: WEAVERVILLE			Prefix: MR.	First Name: BILL
County: TRINITY			Middle Name	
State: CALIFORNIA			Last Name CHAMBERS	
Zip Code 96093			Suffix:	
Country: USA			Email: bchamb3167@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000544			Phone Number (give area code) (530) 623-1354	Fax Number (give area code) (530) 623-1353
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-108			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RUTH AIRPORT, RUTH, TRINITY COUNTY, CALIFORNIA REHABILITATION OF AIRCRAFT PARKING APRON - PHASE 2 CONSTRUCTION OF 5-BARB WIRE PROPERTY FENCE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TOWN OF RUTH, TRINITY COUNTY, CALIFORNIA			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
13. PROPOSED PROJECT Start Date: 2007 Ending Date: 2007			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: APRIL 16, 2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	270,011		
b. Applicant	\$	7,481		
c. State	\$	6,750		
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	284,222		
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 WYATT		Middle Name	
Last Name PAXTON			Suffix	
b. Title DIRECTOR, BUILDING AND DEVELOPMENT SERVICES			c. Telephone Number (give area code) (530) 623-1354	
d. Signature of Authorized Representative			e. Date Signed 5-8-07	

Previous Edition Usable
Authorized for Local Reproduction

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED APRIL 13, 2007	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: TRINITY COUNTY, CALIFORNIA	Organizational Unit: Department: BUILDING AND DEVELOPMENT SERVICES
Organizational DUNS: 145381427	Division: AIRPORTS

Address: Street: 60 GLEN ROAD	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR.	First Name: BILL
City: WEAVERVILLE		Middle Name:

County: TRINITY	Last Name: CHAMBERS
State: CALIFORNIA	Suffix:
Zip Code: 98093	Email: bchamb3167@aol.com
Country: USA	Phone Number (give area code): (530) 623-1354
	Fax Number (give area code): (530) 623-1353

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000544

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

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
HAYFORK AIRPORT, HAYFORK, TRINITY COUNTY, CALIFORNIA
RUNWAY EDGE LIGHT REHABILITATION - PHASE 2
CONSTRUCT 8-FOOT CHAIN LINK FENCE - PHASE 2

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
TOWN OF HAYFORK, TRINITY COUNTY, CALIFORNIA

13. PROPOSED PROJECT
Start Date: 2007 Ending Date: 2007

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 2nd b. Project 2nd

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: APRIL 16, 2007 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	\$ 404,795	
b. Applicant	\$ 11,185	
c. State	\$ 10,120	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$ 426,100	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

Prefix MR.	First Name WYATT	Middle Name
Last Name PAXTON		Suffix
b. Title DIRECTOR, BUILDING AND DEVELOPMENT SERVICES		c. Telephone Number (give area code) (530) 623-1354
d. Signature of Authorized Representative		e. Date Signed 5-8-07

Previous Edition Usable
Authorized for Local Reproduction

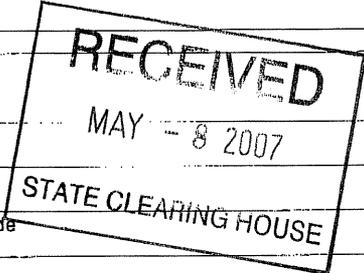
Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <u>5-8-07</u>	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Central Sierra Resource Conservation & Development, Inc	Organizational Unit: Department:
Organizational DUNS: 136584179	Division:
Address: Street: 235D New York Ranch Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Valerie Middle Name:
City: Jackson	Last Name Klinefelter
County: Amador	Suffix:
State: CA	Country: USA
Zip Code: 95642	Email: 'vk95669@hotmail.com'



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

4 2 - 1 5 8 6 5 7 6	Phone Number (give area code) (209) 245-3168	Fax Number (give area code) (209) 257-0910
---------------------	---	---

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

O - Not for Profit
 Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): 1 0 - 9 0 1

9. NAME OF FEDERAL AGENCY:

Natural Resources Conservation Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Central Sierra RC&D Cooperative Agreement

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

Counties of Alpine, Amador, Calaveras, Mono (north half), and Tuolumne

13. PROPOSED PROJECT

Start Date: 5-31-2006 Ending Date: 12-31-2007

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3 b. Project 3, 19

15. ESTIMATED FUNDING:

a. Federal	\$	15,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	15,000 ⁰⁰

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

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 5-8-07

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix <u>Mr</u>	First Name <u>Robert</u>	Middle Name
Last Name <u>SAWYER</u>	Suffix	
b. Title <u>EXECUTIVE DIRECTOR</u>	c. Telephone Number (give area code) (209) 257-1851	
d. Signature of Authorized Representative <u>[Signature]</u>	e. Date Signed <u>5-7-07</u>	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

B-07-MC-0575

RECEIVED

MAY 09 2007

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*a. Legal Name: City of Vista

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

95-2259585

*c. Organizational DUNS:

078726619

d. Address:

*Street 1: 600 Eucalyptus Avenue

Street 2: _____

*City: VistaCounty: San Diego*State: CA

Province: _____

*Country: United States of America*Zip / Postal Code 92084

e. Organizational Unit:

Department Name:

Redevelopment Department

Division Name:

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

Prefix: Ms.*First Name: Cecilia

Middle Name: _____

*Last Name: Barandiaran

Suffix: _____

Title: Management Analyst

Organizational Affiliation:

Municipal Government

*Telephone Number: (760) 639-6191 ext. 1105

Fax Number: (760) 639-6188

*Email: cbarandiaran@cityofvista.com

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 49th	*b. Program/Project: 49th	
17. Proposed Project:		
*a. Start Date: 07/01/07	*b. End Date: 06/30/08	
18. Estimated Funding (\$):		
*a. Federal	<u>1,217,610</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	<u>1,217,610</u>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>05/09/07</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: <u>Ms.</u>	*First Name: <u>Rita</u>	
Middle Name: <u>L.</u>		
*Last Name: <u>Geldert</u>		
Suffix: _____		
*Title: <u>City Manager</u>		
*Telephone Number: (760) 726-1340	Fax Number: _____	
* Email: <u>rgeldert@cityofvista.com</u>		
*Signature of Authorized Representative: _____		*Date Signed: _____

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): * 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: Northern Valley Catholic Social Service, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0984601	* c. Organizational DUNS: 146491340
---	--

d. Address:

* Street1: 2400 Washington Avenue	RECEIVED MAY 09 2007 STATE CLEARING HOUSE
Street2:	
* City: Redding	
County: Shasta	
* State: CA: California	
Province:	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 96001	

e. Organizational Unit:

Department Name: Housing	Division Name: Private Non-Profit
-----------------------------	--------------------------------------

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

Prefix: Mrs.	* First Name: Bobbi
Middle Name:	
* Last Name: Sawtelle	
Suffix:	

Title: Housing Director

Organizational Affiliation:
Non-Profit

* Telephone Number: 530-247-3318 Fax Number: 530-247-3323

* Email: bsawtelle@nvcss.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant | CA-002

* b. Program/Project | CA-002

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

17. Proposed Project:

* a. Start Date: | 04/01/2009

* b. End Date: | 11/03/2009

18. Estimated Funding (\$):

* a. Federal	1,329,590.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	900,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,229,590.00

*** 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 | 05/09/2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No | Explanation

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

** I AGREE

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

Authorized Representative:

Prefix: | Mrs. * First Name: | Jan
Middle Name: | Ann
* Last Name: | Maurer-Watkins
Suffix: |

* Title: | Executive Director

* Telephone Number: | 530-241-0552 Fax Number: | 530-247-3323

* Email: | jmaurer-watkins@nvcss.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

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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

*** 12. Funding Opportunity Number:**

FR-5100-N-05

* Title:

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S611

Title:

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

Chico, Butte County California

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

The project will provide Permanent Supportive Housing for Persistently and Chronically Mentally ill.

Attach supporting documents as specified in agency instructions.



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(a):

[]

* 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:

[]

6. APPLICANT INFORMATION:

* a. Legal Name: Mental Health Association of San Mateo County

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

94-8034112

* c. Organizational DUNS:

018735159

d. Address:

* Street1:

2688 Spring Street

Street2:

* City:

Redwood City

County:

* State:

CA: California

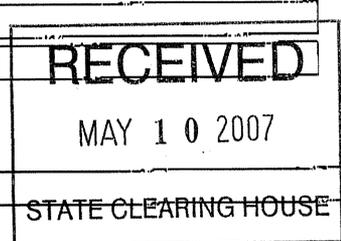
Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94063-9522



e. Organizational Unit:

Department Name:

[]

Division Name:

[]

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

Prefix:

Ms.

* First Name:

Melissa

Middle Name:

* Last Name:

Platte

Suffix:

Title: Executive Director

Organizational Affiliation:

Mental Health Association of San Mateo County

* Telephone Number: (650) 368-3345 ext. 138

Fax Number: (650) 368-9017

* Email: MelissaP@mhaamc.org

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-14

* b. Program/Project CA-14

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

Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2008

* b. End Date: 12/31/2008

18. Estimated Funding (\$):

* a. Federal	1,615,161.00
* b. Applicant	388,543.00
* c. State	0.00
* d. Local	2,600,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	4,603,704.00

* 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 05/02/2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No Explanation

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Melissa
 Middle Name:
 * Last Name: Platte
 Suffix:

* Title: Executive Director

* Telephone Number: (650) 368-3345 ext. 136 Fax Number: (650) 368-9017

* Email: MelissaP@mhaemc.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

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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

*** 12. Funding Opportunity Number:**

FR-5100-N-05

*** Title:**

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S811

Title:

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

San Mateo County

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

Cedar Street Apartments

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

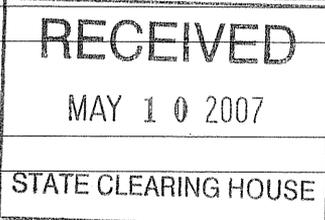
6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	--

8. APPLICANT INFORMATION:

* a. Legal Name: Menorah Housing Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7103775	* c. Organizational DUNS: 946905304
---	--

d. Address:

* Street1: 10780 Santa Monica Blvd., #260	
Street2: _____	
* City: Los Angeles	
County: Los Angeles	
* State: _____ CA: California	
Province: _____	
* Country: _____ USA: UNITED STATES	
* Zip / Postal Code: 90025	

e. Organizational Unit:

Department Name: Menorah Housing Foundation	Division Name: N/A
--	-----------------------

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

Prefix: Ms.	* First Name: Anne
Middle Name: _____	
* Last Name: Friedrich	
Suffix: _____	

Title: President

Organizational Affiliation:
Menorah Housing Foundation

* Telephone Number: (310) 475-6083 x206	Fax Number: (310) 475-6267
---	----------------------------

* Email: afriedrich@menorahhousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

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

City of Los Angeles
County of Los Angeles
State of California

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

Pico/Veteran Senior Housing
46 Units of HUD Section 202 subsidized housing for very low-income elderly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier FI 405-3010
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE California	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier V-96933701-02 04-1
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: City of Los Angeles Department of Water and Power		Organizational Unit: Department: Los Angeles Department of Water and Power	
Organizational DUNS: 361546612		Division: Water Resources	
Address: Street: 111 North Hope Street, Room1460		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix: Mr.	First Name: Mark
County: Los Angeles		Middle Name J.	
State: California	Zip Code 90012-2607	Last Name Aldrian	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000736		Email: mark.aldrian@ladwp.com	
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.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Remedial Cleanups		9. NAME OF FEDERAL AGENCY: USEPA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Fernando Valley, City of Los Angeles, Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North Hollywood Operable Unit (NHOU) Operation and Maintenance (O&M)	
13. PROPOSED PROJECT Start Date: 7/1/07 Ending Date: 6/30/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant City of Los Angeles, DWP b. Project NHOU O&M-D27, D28, D29, D30	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,072,813.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Pending	
b. Applicant	\$ 119,201.00	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	\$ 1,192,014.00		
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 Thomas	Middle Name M.	
Last Name Erb	Suffix		
b. Title Director of Water Resources	c. Telephone Number (give area code) (213) 367-0873		
d. Signature of Authorized Representative <i>Thomas M. Erb</i>	e. Date Signed 5/4/07		

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		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) _____	
		State Chartered Transit District	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507 TITLE 49 U.S.C. § 5307		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-90-Y484 – Preventive Maintenance, Metro Connection, and UFS Clearinghouse	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City and County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 10/28/04	Ending Date 06/30/08	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 124,087,403.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>5/7/07</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	\$ 31,021,851.00		
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	\$ 155,109,254.00		

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

a Typed Name of Authorized Representative Gladys Lowe		b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 		e. Date Signed 5/7/07	

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 14 2007 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Big Brothers Big Sisters of Mendocino County, Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2875100		*c. Organizational DUNS: 85-979-0172
d. Address:		
*Street 1:	498 N. McPherson Street	
Street 2:	_____	
*City:	Fort Bragg	
County:	Mendocino	
*State:	California	
Province:	_____	
*Country:	United States of America	
*Zip / Postal Code	95437	
e. Organizational Unit:		
Department Name: Big Brothers Big Sisters of Mendocino County, Inc.		Division Name: N/A
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Ms.	*First Name: Wendy
Middle Name:	_____	
*Last Name:	Wall	
Suffix:	_____	
Title:	Executive Director	
Organizational Affiliation:		
*Telephone Number: (707) 964-1228		Fax Number: (707) 964-8922
*Email: bbbs@mcn.org		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
M. Nonprofit with 501©3 IRS Status	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
Department of Education, Office of Safe and Drug Free schools	
11. Catalog of Federal Domestic Assistance Number:	
84.184B _____	
CFDA Title:	
Mentoring Programs _____	
*12 Funding Opportunity Number:	
84.184B _____	
*Title:	
Mentoring Programs _____	
13. Competition Identification Number:	
84.184B _____	
Title:	
Mentoring Programs _____	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Mendocino COUNTY	
*15. Descriptive Title of Applicant's Project:	
CAMP: Cross Age Mentoring Program	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA - 001	*b. Program/Project: CA-001	
17. Proposed Project:		
*a. Start Date: October 2007	*b. End Date: September 2010	
18. Estimated Funding (\$):		
*a. Federal	_____	\$200,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$200,000.
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on May 15,2007		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
X ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Ms.	_____	*First Name: Wendy _____
Middle Name:	_____	
*Last Name:	Wall	
Suffix:	_____	
*Title: Executive Director		
*Telephone Number: (707) 964-1228	Fax Number: (707) 964-8922	
* Email: bbbs@mcn.org		
*Signature of Authorized Representative: <i>Wendy Wall</i>	*Date Signed: 5/14/2007	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

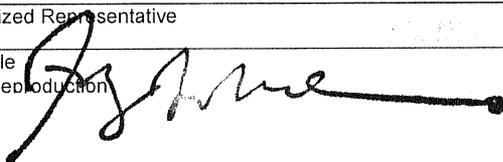
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 5, 2007	Applicant Identifier N/A
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE May 5, 2007	State Application Identifier Pending
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Los Angeles Unified School District		Organizational Unit: Department: Office of Environmental Health & Safety	
Organizational DUNS: 075284901		Division: Emergency Services	
Address: Street: 333 South Beaudry Ave. 20th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix: Mr.	First Name: Bob
County: Los Angeles		Middle Name	
State: California		Last Name Spears	
Zip Code 90014		Suffix:	
Country: United States		Email: bob.spears@lausd.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001908		Phone Number (give area code) 213-241-3889	Fax Number (give area code) 213-241-6816
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Independent School District (H) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Readiness and Emergency Management for Schools (REMS)		9. NAME OF FEDERAL AGENCY: U.S. Department of Education - Office of Safe and Drug-Free Schools	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles City and County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The grant will be used to update the emergency procedures and plans for all the schools in the Los Angeles Unified School District.	
13. PROPOSED PROJECT Start Date: 10/01/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25,27,27,30-39,46	
Ending Date: 3/01/2009		b. Project Same Districts	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.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	\$ 500,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Angelo	Middle Name	
Last Name Bellomo		Suffix	
b. Title Director, Office of environmental Health and Safety		c. Telephone Number (give area code) 213-241-3199	
d. Signature of Authorized Representative		e. Date Signed	

Previous Edition Usable
Authorized for Local Reproduction

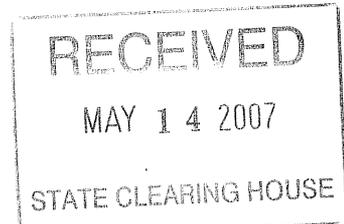
Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102





SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.



SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

May 11, 2007		Applicant Identifier		Type of Submission	
				Application	Pre-application
				<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
				<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information					
City of Redding		CA62958 REDDING			
777 Cypress Avenue		93-362-2800			
PO Box 496071		Local Government			
Redding	California				
96049	Country U.S.A.	Housing Division			
Employer Identification Number (EIN):		Shasta			
94-6000401		7/1			
Applicant Type:		Specify Other Type if necessary:			
Local Government: City		Specify Other Type			
Program Funding		U.S. Department of Housing and Urban Development			
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
Community Development Block Grant		14,218 Entitlement Grant			
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)			
\$857,872	\$Additional HUD Grant(s) Leveraged	Describe			
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			
\$260,100	Other (Describe) \$32,984 Prior year CDBG				
Total Funds Leveraged for CDBG-based Project(s) \$1,150,956					
Home Investment Partnerships Program		14,239 HOME			
HOME Project Titles		Description of Areas Affected by HOME Project(s)			
\$557,185	\$Additional HUD Grant(s) Leveraged	Describe			
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			

\$470,350 Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s) \$1,027,535			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts	Project Districts		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on May 11, 2007
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Lydia		Buckley
Housing Manager	(530)225-4427	(530)245-7160
lbuckley@ci.redding.ca.us	www.ci.redding.ca.us	
Signature of Authorized Representative		Date Signed
Kurt Starman, City Manager 		May 11, 2007

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

Version 02

Application for Federal Assistance SF-424

*1. Type of Submission: *2. Type of Application * If Revision, select appropriate letter(s)

Preapplication New

Application Continuation *Other (Specify) _____

Changed/Corrected Application Revision

3. Date Received:

4. Applicant Identifier:

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: Big Brothers Big Sisters of Ventura County, Inc

*b. Employer/Taxpayer Identification Number (EIN/TIN):
20-3425568

Organizational DUNS
173137332

d. Address:

*Street 1: 445 Rosewood Ste Q

Street 2: _____

*City: Camarillo

County: Ventura

*State: CA

Province: _____

*Country: United States

*Zip / Postal Code 93010

e. Organizational Unit:

Department Name:
Department of Education

Division Name:
Office of Safe and Drug Free Schools

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

Prefix: Ms. *First Name: Lynne

Middle Name: _____

*Last Name: West

Suffix: _____

Title: C.E.O.

Organizational Affiliation:
Program of Big Brothers Big Sisters of Ventura County, Inc.

*Telephone Number: 805-484-2282 x 20

Fax Number: 805-484-3859

*Email: Lwest@bbsvc.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:

G

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Office of Safe and Drug Free Schools

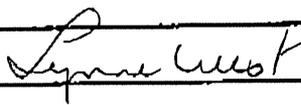
11. Catalog of Federal Domestic Assistance Number:84.184B**CFDA Title:**Mentoring Programs***12 Funding Opportunity Number:**CFDA #84.184B***Title:**Mentoring Programs**13. Competition Identification Number:**_____
Title:
_____**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Fillmore, Piru and unincorporated areas surrounding Piru in Ventura County

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

Fillmore Middle School Mentor Program

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 23,24	*b. Program/Project: 24	
17. Proposed Project:		
*a. Start Date: October 1, 2007	*b. End Date: September 30, 2010	
18. Estimated Funding (\$):		
*a. Federal	_____	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
X <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/8/07</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes X <input type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
X <input type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Ms.	*First Name: Lynne	
Middle Name:	_____	
*Last Name: West	_____	
Suffix:	_____	
*Title: C.E.O.		
*Telephone Number: 805-484-2282	Fax Number: 805-484-3859	
* Email: lwest@bbsvc.org		
*Signature of Authorized Representative: 	*Date Signed: 5/18/07	

Authorized for Local Reproduction

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 25, 2007	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Maricopa		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 400 California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Robert	
City: Maricopa		Middle Name Edward	
County: Kern		Last Name Wilburn	
State: California	Zip Code 93252	Suffix:	
Country: USA		Email: rewca@bak.rr.com bwilburn1@hotmail.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000743		Phone Number (give area code) (661) 769-8279 (661) 978-4597	Fax Number (give area code) (661) 769-8130
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		9. NAME OF FEDERAL AGENCY: USDA Rural Assistance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Maricopa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of two (2) fullu equipted Police vehicles	
13. PROPOSED PROJECT Start Date: January 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
Ending Date: N/A			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 60,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 20,000 ⁰⁰	DATE:	
c. State	\$ ⁰⁰	b. No. <input checked="" 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		
f. Program Income	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 80,000 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. Authorized Representative			
Prefix Mr.	First Name Robert	Middle Name Edward	
Last Name Wilburn		Suffix	
b. Title City Administrator		c. Telephone Number (give area code) (661) 769-8279	
d. Signature of Authorized Representative		e. Date Signed January 25, 2007	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY MAR - 7 2007	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Lake Berryessa Resort Improvement District	Organizational Unit: Department: Public Works
Organizational DUNS: 07-168-8188	Division:
Address: Street: 1195 Third Street, #201	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Nate
City: Napa	Middle Name
County: Napa	Last Name Galambos
State: CA Zip Code 94559-3035	Suffix:
Country: USA	Email: ngalambos@co.napa.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000525

Phone Number (give area code) (707) 259-8371	Fax Number (give area code) (707) 253-4627
---	---

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)
 G. Special District
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-760

TITLE (Name of Program):
 Water & Wastewater Disposal and Loan Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 LBRID Sewer Improvements

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

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

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

15. ESTIMATED FUNDING:

a. Federal	\$	2,170,620.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	2,170,620.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: 5/10/07
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix MR.	First Name ROBERT	Middle Name
Last Name PETERSON		Suffix
b. Title DISTRICT ENGINEER		c. Telephone Number (give area code) (707) 253-4351
d. Signature of Authorized Representative <i>Robert Peterson</i>		e. Date Signed 3/5/07

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 25, 2007	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Maricopa		Organizational Unit: Department:		
Organizational DUNS:		Division:		
Address: Street: 400 California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Robert		
City: Maricopa		Middle Name Edward		
County: Kern		Last Name Wilburn		
State: California		Suffix:		
Zip Code 93252		Email: rewca@bak.r.com bwilburn1@hotmail.com		
Country: USA				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 7 4 3		Phone Number (give area code) (661) 769-8279 (661) 978-4597		Fax Number (give area code) (661) 769-8130
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		9. NAME OF FEDERAL AGENCY: USDA Rural Assistance		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Maricopa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of two (2) fully equipped Police vehicles		
13. PROPOSED PROJECT Start Date: January 2007 Ending Date: N/A		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 60,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 20,000 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$ ⁰⁰			
f. Program Income	\$ ⁰⁰			
g. TOTAL	\$ 80,000 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Robert	Middle Name Edward		
Last Name Wilburn		Suffix		
b. Title City Administrator		c. Telephone Number (give area code) (661) 769-8279		
d. Signature of Authorized Representative		e. Date Signed January 25, 2007		

**APPLICATION FOR
FEDERAL ASSISTANCE**

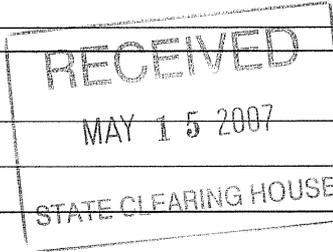
OMB Approved No. 16-0006

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: FARMERSVILLE GATEWAY ASSOCIATES, A CA LIMITED PARTNERSHIP	Organizational Unit: Department: a California Limited Partnership
Organizational DUNS:	Division:
Address: Street: 430 East State Street, Suite 100	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Margo
City: Eagle	Middle Name E.
County: Canyon	Last Name Swedberg
State: Idaho	Zip Code 83616
Country: USA	Suffix: Gar-Mar Associates Email: garmar@ncbb.net



6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code) 530/823-9250	Fax Number (give area code) 530/823-2169
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) _____ (Tax I.D.# applied for but not received as yet)	7. TYPE OF APPLICANT: (See back of form for Application Types) M - Profit Organization Other (specify) _____
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415 TITLE (Name of Program): Rural Rental Housing program Section 515 (RRH-515)	9. NAME OF FEDERAL AGENCY: United State Department of Agriculture-Rural Development
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Farmersville, Tulare County, California, USA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Gateway Village Apartments: Affordable rental housing apartment project; 48 total units consisting of 16/2-bdrm, 24/3-bdrm, & 8/4-bdrm units to be built on approximate 3.74 acres located on the northeast corner of Stevens Avenue and Visalia Road in Farmersville, Tulare County, California
--	--

13. PROPOSED PROJECT Start Date: 10-01-2007 Ending Date: 10-01-2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District #1 b. Project District #17
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal USDA-Rural Development \$ 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: May 11, 2007
b. Applicant 2% Equity Contribution \$ 237,881.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State Federal Tax Credit Value \$ 8,410,311.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local Permanent Loan \$ 1,050,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other HOME Funds \$ 975,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income Deferred Dev. Fee \$ 220,878.00	
g. TOTAL \$ 11,894,070.00	

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 Caleb	Middle Name J.
Last Name Roope, Manager for:		Suffix
b. Title Roope, LLC, General Partner		c. Telephone Number (give area code) 208/461-0022 x3015
d. Signature of Authorized Representative		e. Date Signed May 11, 2007

Previous Edition Usable
Authorized for Local Reproduction

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