Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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MAY - 1 2009
STATE CLEARING HOUSE

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: National University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7172306

* c. Organizational DUNS: 073347809

d. Address:

* Street1: 11255 North Torrey Pines Road
Street2:
* City: La Jolla
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92037

e. Organizational Unit:

Department Name:

Division Name: NUCRI

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

Prefix: Mrs.
* First Name: Michelle
Middle Name:
* Last Name: Hills
Suffix:

Title: Director of Grants, Contracts, and Budget

Organizational Affiliation:

* Telephone Number: 858-642-8342
Fax Number: 858-642-8764

* Email: mhills@nu.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

O: Private 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:**

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDAFY2009UC

* Title:

FY 09 University Center Economic Development Program

13. Competition Identification Number:

FY09UC

Title:

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

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

Community Intelligence for Collaborative Competitiveness: Institutional Capacity-building for Technical Assistance to Advance Regional Economic Growth and Development with High Performance Computing A

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-53
* b. Program/Project: CA-49

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

Congressional Districts Serv | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2009
* b. End Date: 07/31/2012

18. Estimated Funding ($):

* a. Federal	505,618.00
* b. Applicant	370,618.00
* c. State	0.00
* d. Local	0.00
* e. Other	135,000.00
* f. Program Income	0.00
* g. TOTAL	1,011,236.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/21/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Richard
Middle Name: E
* Last Name: Carter
Suffix:

* Title: Executive Vice President Business/Regional Op

* Telephone Number: 858-642-8593
Fax Number: 858-642-8711

* Email: rcarter@nu.edu

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

05/01/2009 15:55 8586428764 GRANTS AND BUDGET PAGE 04

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 047120004

* Legal Name: The Regents of the University of California (Davis)

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95618-6153

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Person to be contacted on matters involving this application

Prefix: * First Name: Suzanne Middle Name:

* Last Name: Iwatate Suffix:

* Phone Number: 530-754-8017 Fax Number: 530-754-8367

Email: sciwatate@ucdavis.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 94-6036494

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:

Electronic Structure Methods Workshop ES09

12. PROPOSED PROJECT:

* Start Date: 06/01/2009 * Ending Date: 05/31/2010

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-001

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Warren Middle Name: E.

* Last Name: Pickett Suffix: Ph.D.

Position/Title: Professor/Chair

* Organization Name: The Regents of the University of California (Davis)

Department: Physics Division:

* Street1: University of California, Davis

Street2: One Shields Avenue

* City: Davis County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 95616-8677

* Phone Number: 530-752-5989 Fax Number:

* Email: pickett@physics.ucdavis.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	15,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	15,000.00
d. Estimated Program Income	0.00

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

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

DATE: 05/01/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SF-LLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Suzanne | Middle Name:

* Last Name: Iwatate | Suffix:

* Position/Title: Contracts and Grants Analyst

* Organization: The Regents of the University of California (Davis)

Department: Office of Research | Division: Sponsored Programs

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 95618-6153

* Phone Number: 530-754-8017 | Fax Number:

* Email: sciwatate@ucdavis.edu

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier: USDA, RBS

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: Yuba-Sutter Economic Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0342145

* c. Organizational DUNS: 120321596

d. Address:

* Street1: 1227 Bridge Street, Suite C
Street2:
* City: Yuba City
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95991

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Stephen
Middle Name: M.
* Last Name: Brammer
Suffix:

Title: President

Organizational Affiliation:

* Telephone Number: 530-751-8555
Fax Number: 530-751-8515

* Email: sbrammer@ysedc.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 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:**

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

RDBCP-2009-RBOG

* Title:

Inviting Applications for Rural Business Opportunity Grants

13. Competition Identification Number:

Title:

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

Yuba and Sutter counties and the cities of Live Oak, Marysville, Wheatland and Yuba City within.

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

Business Expansion and Retention Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 2
* b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2009
* b. End Date: 05/31/2010

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	65,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	115,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/23/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Stephen
Middle Name: M.
* Last Name: Brammer
Suffix:

* Title: President

* Telephone Number: 530-751-8555
Fax Number: 530-751-8515

* Email: sbrammer@ysedc.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission. 4/29/09

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: Merced County Economic Development Corporation

Organizational DUNS: 090845512

Address:
Street: 470 W. Main Street, Suite 7
City: Merced
County: Merced
State: California
Zip Code: 95340
Country: United States

Organizational Unit:
Department:
Division:

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

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STATE CLEARING HOUSE

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

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

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

9. NAME OF FEDERAL AGENCY: Rural Business-Cooperative Service (RBS), USDA

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"Surviving to Compete – Strategic Technical Assistance for Atwater Small Business"

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

13. PROPOSED PROJECT
Start Date: June 1, 2009
Ending Date: June 1, 2010

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

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ 44,578.00
c. State	$ .00
d. Local	$ 9,600.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 104,178.00

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: 4/29/09
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix
First Name: Scott
Middle Name
Last Name: Galbraith
Suffix
b. Title: President & CEO
c. Telephone Number (give area code): (209) 723-3889
d. Signature of Authorized Representative: Scott Galbraith
e. Date Signed: April 29, 2009

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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: City of Dixon/Solano Municipal Water Service

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000321	156802241

d. Address:

* Street1:	600 East A Street
Street2:	
* City:	Dixon
County:	Solano
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95620-3697

e. Organizational Unit:

Department Name:	Division Name:
Economic Development	

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

Prefix:	Mr.	* First Name:	Mark
Middle Name:			
* Last Name:	Heckey		
Suffix:			

Title: Economic Development Director

Organizational Affiliation:

City of Dixon

* Telephone Number:	707-678-7000 ext 112	Fax Number:	707-678-0960

* Email: mheckey@ci.dixon.ca.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

01

Title:

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

Solano County, Yolo County

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

City of Dixon Stimulus Structure Grant for Public Well Water System in the Northeast Quadrant

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA010 * b. Program/Project: CA010

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009 * b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	8,055,840.00
* b. Applicant	
* c. State	
* d. Local	2,013,960.00
* e. Other	
* f. Program Income	
* g. TOTAL	10,069,800.00

*** 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 05/01/2009.

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

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

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

☐ Yes ☒ No 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: Mr. * First Name: Mark

Middle Name:

* Last Name: Heckey

Suffix:

* Title: Economic Development Director

* Telephone Number: 707-678-7000 Ext 112 Fax Number: 707-678-0960

* Email: mheckey@ci.dixon.ca.us

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 5/4/2009	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of Sonoma	Organizational Unit: Department: UCCE
Organizational DUNS: 080126444	Division:
Address: Street: 133 Aviation Blvd, Ste 109	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Lisa
City: Santa Rosa	Middle Name: Kathryn
County: Sonoma	Last Name: Bell
State: CA Zip Code: 95403-	Suffix:
Country: USA	Email: lkbell@ucdavis.edu
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000539	Phone Number (give area code) (707) 565-2050 Fax Number (give area code) (707) 565-2623

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MAY - 4 2009
STATE CLEARING HOUSE

8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Government Other (specify):
	9. NAME OF FEDERAL AGENCY: USDA Forest Service, State and Private Forestry, Pacific Southwest Region
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.664 Cooperative Forestry Assistance Other (specify):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sonoma County's Sudden Oak Death Outreach Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County	
13. PROPOSED PROJECT Start Date: June 1, 2009 Ending Date: May 31, 2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA 1st and 6th b. Project: CA 1st and 6th

15. ESTIMATED FUNDING:		
a. Federal	$ 45,600 .00	
b. Applicant	$ 44,752 .00	
c. State	$ .00	
d. Local	$ .00	
e. Other	$ 1,000 .00	
f. Program Income	$ .00	
g. TOTAL	$ 91352 .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: 5/4/2009

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.

a. Authorized Representative Prefix Ms.	First Name: Stefanie	Middle Name:
Last Name: Larson		Suffix:
b. Title: Interim County Director		c. Telephone Number (give area code) (707) 565-2621
Email: slarson@ucdavis.edu		Fax Number (give area code) (707) 565-2623
d. Signature of Authorized Representative Stefanie Larson		e. Date Signed: 5/4/09

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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:	Santa Cruz Police Department
* b. Employer/Taxpayer Identification Number (EIN/TIN):	94-6000424
* c. Organizational DUNS:	139118231

d. Address:

* Street1:	155 Center Street
Street2:	
* City:	Santa Cruz
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95060

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title: Principal Administrative Analyst

Organizational Affiliation:

* Telephone Number:	(831) 420-5010	Fax Number:	(831) 420-5011

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

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

Self-defense/Safety Skills at Santa Cruz City Schools

Attach supporting documents as specified in agency instructions

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 17 * b. Program/Project: 17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009 * b. End Date: 07/01/2011

18. Estimated Funding ($):

* a. Federal	30,850.00
* b. Applicant	30,850.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	61,700.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2009

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Zach

Middle Name:

* Last Name: Friend

Suffix:

* Title: Principal Administrative Analyst

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

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

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

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 5/4/2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: County of San Diego

Organizational DUNS: 187032677

Address:
Street: 5555 Overland Avenue, Bldg 2, Suite 2-260
City: San Diego
County: San Diego
State: CALIFORNIA
Zip Code: 92123
Country: USA

Organizational Unit:
Department: Department of Public Works
Division: Wastewater Management

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Peejay
Middle Name:
Last Name: Tubongbanua
Suffix:
Email: Peejay.tubongbanua@sdcounty.ca.gov
Phone Number (give area code): 858-694-2659
Fax Number (give area code): 858-505-6394

RECEIVED MAY - 4 2009 STATE CLEARING HOUSE

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

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

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

9. NAME OF FEDERAL AGENCY: USDA-Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
RANCHO DEL CAMPO WATER POLLUTION CONTROL FACILITY TRICKLING FILTER REHABILITATION AND DENITRIFICATION IMPROVEMENTS

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Unincorporated Community of Julian, CA

13. PROPOSED PROJECT
Start Date: April 2009
Ending Date: March 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 52
b. Project: 51,52

15. ESTIMATED FUNDING:

a. Federal	$ 514,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 514,000.00

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: 4/30/2009
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Ms. First Name: Milica Middle Name:
Last Name: Kaludjerski Suffix:
b. Title: Unit Manager
c. Telephone Number (give area code): 858-694-2718
d. Signature of Authorized Representative
e. Date Signed: 5-4-09

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

RECEIVED MAY - 4 2009 STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: City of Watsonville

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000451

*c. Organizational DUNS: 01-093-9452

d. Address:

*Street 1: 250 Main Street
Street 2:
*City: Watsonville
County: Santa Cruz
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 95076

e. Organizational Unit:

Department Name: Redevelopment and Housing Department

Division Name:

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

Prefix: Mr. *First Name: Kurt
Middle Name:
*Last Name: Overmeyers
Suffix:

Title: Economic Development Manager

Organizational Affiliation:

*Telephone Number: 831-768-3080 Fax Number: 831-763-4114

*Email: kovermeyers@ci.watsonville.ca.us

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-769

CFDA Title:

RBOG-Rural Business Oppurtunity Grants

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Watsonville

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

Analysis of Water Usages in Food Processing and Food Packing

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17th *b. Program/Project: 17th

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	50,00
*b. Applicant	25,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	75,000

***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 04/30/2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Terry

Middle Name:

*Last Name: Medina

Suffix:

*Title: Acting City Manager

*Telephone Number: 831-768-3010 Fax Number: 831-761-0736

* Email: tmedina@ci.watsonville.ca.us

*Signature of Authorized Representative: Terry A. Medina *Date Signed: 04/30/2009

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)

RECEIVED
MAY - 4 2009
STATE CLEARING HOUSE

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: City of Watsonville

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000451

*c. Organizational DUNS: 01-093-9452

d. Address:

*Street 1: 250 Main Street
Street 2:
*City: Watsonville
County: Santa Cruz
*State: CA
Province:
*Country: United States of America
*Zip / Postal Code 95076

e. Organizational Unit:

Department Name: Redevelopment and Housing Department

Division Name:

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

Prefix: Mr.
*First Name: Kurt
Middle Name:
*Last Name: Overmeyers
Suffix:

Title: Economic Development Manager

Organizational Affiliation:

*Telephone Number: 831-768-3080

Fax Number: 831-763-4114

*Email: kovermeyers@ci.watsonville.ca.us

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-769

CFDA Title:

RBOG-Rural Business Oppurtunity Grants

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Watsonville

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

Pajaro Valley Food Innovation and Incubation Center

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 17th *b. Program/Project: 17th

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	50,00
*b. Applicant	25,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	75,000

***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 04/30/2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Terry

Middle Name:

*Last Name: Medina

Suffix:

*Title: Acting City Manager

*Telephone Number: 831-768-3010 Fax Number: 831-761-0736

* Email: tmedina@ci.watsonville.ca.us

*Signature of Authorized Representative: Terry A. Medina *Date Signed: 04/30/2009

(Package revised 12/23/03)

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 2009		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**

Department: **Transportation & Engineering**

Organizational DUNS: **07-378-0413**

Division: **Airports**

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Address:

Street: **777 Cypress Avenue**

City: **Redding**

County: **Shasta**

State: **CA** Zip Code: **96001-2718**

Country: **USA**

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

Prefix: **Mr.** First Name: **Rod**

Middle Name: **A.**

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)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Terminal Rehabilitation – Phase I

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	Ending Date
07/01/09	06/30/10

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	696,350 .00
b. Applicant	$	36,650 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	733,000 .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: **04/20/09**

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a. Authorized Representative

Prefix **Mr.** First Name **Brian** Middle Name

Last Name **Crane** Suffix

b. Title **Director, Transportation and Engineering**

c. Telephone number (give area code) **(530) 245-7155**

d. Signature of Authorized Representative

X

e. Date Signed

X 4/21/09

Application for Federal Assistance SF-424

Version 02
OMB Number: 4040-0004
Expiration Date: 01/31/2009

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specify)

3. Date Received: 3/18/2009

4. Applicant Identifier: CA01501

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

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MAY 05 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Arvin Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 956006602

c. Organizational DUNS: 101563380

d. Address:

Street 1:	200 Campus Drive
Street 2:	P.O. Box 156
City:	Arvin
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93203

e. Organizational Unit:

Department Name: Arvin Police Department

Division Name: Administration

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

Prefix:	Mr.
First Name:	Tommy
Middle Name:	W
Last Name:	Tunson
Suffix:	
Title:	Chief of Police
Organizational Affiliation:	Department Head
Telephone Number:	6618545583
Fax Number:	6618540421
Email:	chieftunson@bak.rr.com

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Arvin, Kern county

15. Descriptive Title of Applicant's Project:

COPS Hiring

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 20 b. Program/Project: 20

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 595503

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 595503

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2009

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

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

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

[ ] Yes [x] No

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

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

[x] I AGREE

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

Authorized Representative:

Prefix: First Name: Alan

Middle Name:

Last Name: Christiansen

Suffix:

Title: City Manager

Telephone Number: 6618543134 Fax Number: 6618540817

Email: alanc@arvin.org

Signature (Typed Name) of Authorized Representative: Alan Christiansen Date Signed: 4/9/2009

Application for Federal Assistance SF-424

Version 02
OMB Number: 4040-0004
Expiration Date: 01/31/2009

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

RECEIVED
MAY 05 2009
STATE CLEARING HOUSE

3. Date Received: 4/10/2009

4. Applicant Identifier: CA01006

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Huron Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 946003558

c. Organizational DUNS: 122472640

d. Address:

Street 1: PO Box 339
Street 2:
City: Huron
County:
State: CA
Province:
Country:
Zip / Postal Code: 93234

e. Organizational Unit:

Department Name: Police

Division Name:

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

Prefix:
First Name: Robert
Middle Name:
Last Name: Herndon
Suffix:

Title: Lieutenant

Organizational Affiliation:

Telephone Number: 5599452348

Fax Number: 5599452609

Email: robert.herndon@fresnosheriff.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Huron, Fresno County

15. Descriptive Title of Applicant's Project:

COPS Hiring

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 20 b. Program/Project: 20

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 407832

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 407832

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/10/2009

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

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

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

[ ] Yes [X] No

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

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

[X] I AGREE

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

Authorized Representative:

Prefix: First Name: Frank

Middle Name:

Last Name: Steenport

Suffix:

Title: Chief/ Interim City Mngr

Telephone Number: 5599452348 Fax Number: 5599452609

Email: frank.steenport@fcle.org

Signature (Typed Name) of Authorized Representative: Frank Steenport Date Signed: 4/10/2009

Application for Federal Assistance SF-424

Version 02
OMB Number: 4040-0004
Expiration Date: 01/31/2009

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 4/8/2009

4. Applicant Identifier: CA02708

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

RECEIVED
MAY 05 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Salinas, City of

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000412

c. Organizational DUNS: 010919447

d. Address:

Street 1: 200 Lincoln Ave.
Street 2:
City: Salinas
County:
State: CA
Province:
Country:
Zip / Postal Code: 93901

e. Organizational Unit:

Department Name: Police Department

Division Name:

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

Prefix:
First Name: Dan
Middle Name:
Last Name: Perez
Suffix:

Title: Commander

Organizational Affiliation:

Telephone Number: 8317587120

Fax Number: 8317587982

Email: danielp@ci.salinas.ca.us

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Salinas, Monterey Co.

15. Descriptive Title of Applicant's Project:

Cops Hiring

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 17 b. Program/Project: 17

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 10659850

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 10659850

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/8/2009

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

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

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

[ ] Yes [x] No

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

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

[x] I AGREE

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

Authorized Representative:

Prefix: First Name: Artie

Middle Name:

Last Name: Fields

Suffix:

Title: City Manager

Telephone Number: 8317587201 Fax Number: 8317587368

Email: artief@ci.salinas.ca.us

Signature (Typed Name) of Authorized Representative: Artie fields Date Signed: 4/8/2009

Application for Federal Assistance SF-424

Version 02
OMB Number: 4040-0004
Expiration Date: 01/31/2009

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 4/9/2009

4. Applicant Identifier: CA01013

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MAY 05 2009
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Sanger Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000440

c. Organizational DUNS: 084516970

d. Address:

Street 1: 1700 7th St.
Street 2:
City: Sanger
County:
State: CA
Province:
Country:
Zip / Postal Code: 93657

e. Organizational Unit:

Department Name: Police

Division Name:

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

Prefix:
First Name: Ellie
Middle Name:
Last Name: Palamo
Suffix:

Title: Asst. to Chief

Organizational Affiliation:

Telephone Number: 5598766363

Fax Number: 5598755391

Email: ellie.palomo@fcle.org

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Sanger, Fresno county

15. Descriptive Title of Applicant's Project:

COPS Hiring

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 20 b. Program/Project: 20

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 787431

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 787431

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/9/2009

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

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

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

[ ] Yes [X] No

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

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

[X] I AGREE

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

Authorized Representative:

Prefix: First Name: Thomas

Middle Name:

Last Name: Klose

Suffix:

Title: Chief of Police

Telephone Number: 5598756363 Fax Number: 5598755391

Email: thomas.klose@fcle.org

Signature (Typed Name) of Authorized Representative: Thomas Klose Date Signed: 4/9/2009

Application for Federal Assistance SF-424

Version 02
OMB Number: 4040-0004
Expiration Date: 01/31/2009

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specify)

3. Date Received: 4/14/2009

4. Applicant Identifier: CA01012

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

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MAY 05 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Reedley Police Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000402

c. Organizational DUNS: 004940631

d. Address:

Street 1: 843 G Street
Street 2:
City: Reedley
County:
State: CA
Province:
Country:
Zip / Postal Code: 93654

e. Organizational Unit:

Department Name: Police

Division Name:

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

Prefix:
First Name: Joe
Middle Name:
Last Name: Garza
Suffix:

Title: Lieutenant

Organizational Affiliation:

Telephone Number: 5596374200

Fax Number: 5596387218

Email: joe.garza@fcle.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

Reedley, Fresno Co.

15. Descriptive Title of Applicant's Project:

Cops Hiring

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 20 b. Program/Project: 20

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 714717

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 714717

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/14/2009

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

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

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

[ ] Yes [X] No

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

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

[X] I AGREE

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

Authorized Representative:

Prefix: First Name: Steven

Middle Name:

Last Name: Wright

Suffix:

Title: Chief of Police

Telephone Number: 5596374250 Fax Number: 5596382615

Email: steve.wright@fcle.org

Signature (Typed Name) of Authorized Representative: Steven Wright Date Signed: 4/14/2009

Application for Federal Assistance SF-424

Version 02
OMB Number: 4040-0004
Expiration Date: 01/31/2009

1. Type of Submission:

- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:

- [x] New
- [ ] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (Specifty)

3. Date Received : 3/17/2009

4. Applicant Identifier: CA01007

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

RECEIVED
MAY 05 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Kerman, City of

b. Employer/Taxpayer Identification Number (EIN/TIN): 946000351

c. Organizational DUNS: 106143526

d. Address:

Street 1: 850 S. Madera Ave.
Street 2:
City: Kerman
County:
State: CA
Province:
Country:
Zip / Postal Code: 93630

e. Organizational Unit:

Department Name: Kerman Police Department

Division Name:

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

Prefix:
First Name: William
Middle Name: Wilson
Last Name: Newton
Suffix:

Title: Chief of Police

Organizational Affiliation:

Telephone Number: 5598466672

Fax Number: 5598469435

Email: william.newton@fcle.org

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (Specify):

10 Name of Federal Agency:

Office of Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA # = 16.710

CFDA Title: Public Safety Partnership And Community Policing Grants

12 Funding Opportunity Number:

COPS-CHRP-2009-1

Title: CHRP

13. Competition Identification Number:

Title: COPS Hiring Recovery Program

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

the City of Kerman

15. Descriptive Title of Applicant's Project:

Continuation of Quality Policing Through Hiring for Vacant Positions, City of Kerman

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

a. Applicant: 20 b. Program/Project: 20

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 6/30/2012

18. Estimated Funding ($):

a. Federal 460948

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 460948

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 4/7/2009

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

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

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

[ ] Yes [X] No

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

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

[X] I AGREE

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

Authorized Representative:

Prefix: First Name: William

Middle Name:

Last Name: Newton

Suffix:

Title: Chief of Police

Telephone Number: 5598466633 Fax Number: 5598469435

Email: William.newton@fcie.org

Signature (Typed Name) of Authorized Representative: William Newton Date Signed: 4/7/2009

Application for Federal Assistance SF-424

OM
Expira

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

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

If Revision, select appropriate lett

Other (Specifty)

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MAY 0 5 2009
STATE CLEARING HOUSE

3. Date Received : 4/3/2009

4. Applicant Identifier: CA01503

5a. Federal Entity Identifier:

5a. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Delano, City of

b. Employer/Taxpayer Identification Number (EIN/TIN): 956000702

c. Organizational DUNS: 605562248

d. Address:

Street 1:	1022 12th Ave.
Street 2:	PO Box 218
City:	Delano
County:	
State:	CA
Province:	
Country:	
Zip / Postal Code:	93216

e. Organizational Unit:

Department Name: Police Department

Division Name:

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

Prefix:	Chief
First Name:	Mark
Middle Name:	
Last Name:	DeRosia
Suffix:	
Title:	Chief of Police
Organizational Affiliation:	
Telephone Number:	6617213377
Fax Number:	6617250631
Email:	MDeRosia@CityofDelano.org

Application for Federal Assistance SF-424
9. Type of Applicant 1: Select Applicant Type: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (Specify):
10 Name of Federal Agency: **Office of Community Oriented Policing Services**
11. Catalog of Federal Domestic Assistance Number: CFDA # = 16.710 CFDA Title: Public Safety Partnership And Community Policing Grants
12 Funding Opportunity Number: COPS-CHRP-2009-1 Title: CHRP
13. Competition Identification Number: Title: COPS Hiring Recovery Program
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Delano, County of Kern
15. Descriptive Title of Applicant's Project: Hiring Recovery Program

Application for Federal Assistance SF-424

16. Congressional Districts Of:

a. Applicant: 20 b. Program/Project: 20

17. Proposed Project:

a. Start Date: 7/1/2009 b. End Date: 7/1/2012

18. Estimated Funding ($):

a. Federal 854908

b. Applicant

c. State

d. Local

e. Other

f. Program Income

g. TOTAL 854908

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 4.

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

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

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

[ ] Yes [X] No

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

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

[X] I AGREE

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

Authorized Representative:

Prefix: First Name: Abdel

Middle Name:

Last Name: Salem

Suffix:

Title: City Manager

Telephone Number: 6617203312 Fax Number: 6617213312

Email: salema@CityofDelano.org

Signature (Typed Name) of Authorized Representative: Abdel Salem Date Signed:

REVISED

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application: ____ Construction, _X_ Nonconstruction Preapplication: ____ Construction, ____ Nonconstruction	2. Date Submitted	Applicant Identifier
	3. Date Rec'd by State	State Application Identifier
	4. Date Rec'd by Federal	Federal Identifier LS 97952501

RECEIVED MAY -5 2009 STATE CLEARING HOUSE

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

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Kevin Graves
916-341-5782

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

6. D U N S Number: 808321913

7. Type of Applicant: (enter appropriate letter) __A___

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

8. Type of Application:
____ New _X__ Revision ___ Continuation
If Revision, enter appropriate letter(s): __A ____
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
66.805
Title: Leaking Underground Storage Tank Trust Fund Program

11. Descriptive Title of Applicant's Project:
Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.

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

13. Proposed Project:

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

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$0
b. Applicant	$0
c. State	$0
d. Local	$0
e. Other -- USEPA "In-Kind" Support	$384,229
f. Program Income	$0
g. TOTAL	$384,229

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: _X_ This application/preapplication was made available to the State EO 12372 process for review on:
Date: May 5, 2009
b. NO: _____ Program is not covered by EO # 12372
_____ Program has not been selected by the state for review.

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

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

a. Typed Name of Authorized Representative Dorothy Rice	b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: May 8, 2009

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☑ Non-Construction	2. DATE SUBMITTED May 1, 2009	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY MAY 04 2009	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Mountain Communities Healthcare District		Organizational Unit:	
		Department: Trinity Hospital	
Organizational DUNS: 602666898	RECEIVED	Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 60 Easter Avenue	MAY - 5 2009	Prefix: Ms	First Name: Althea
City: Weaverville		Middle Name	
County: Trinity	STATE CLEARING HOUSE	Last Name Lyon	
State: CA	Zip Code 96093	Suffix:	
Country: USA		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 2 0 - 8 2 3 6 8 0 8		Phone Number (give area code) (530)623-5541	Fax Number (give area code) (530)623-4252

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) Special District Other (specify) 9. NAME OF FEDERAL AGENCY: USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities: Rural Development	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Request for medical equipment
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Weaverville, Trinity County	
13. PROPOSED PROJECT Start Date: July1, 2009 — Ending Date: September 1, 2009	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	$ 15,708.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant	$ 15,708.00	DATE:
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 31,416.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Ms.	First Name Claire	Middle Name
Last Name Kuczkowski		Suffix
b. Title CEO		c. Telephone Number (give area code) (530) 623-5541
d. Signature of Authorized Representative Claire Kuczkowski		e. Date Signed May 1, 2009

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED May 1, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY MAY 04 2009	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☑ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Mountain Communities Healthcare District

Organizational Unit: Department: Hayfork Community Health Clinic

Organizational DUNS: 602666808

Division:

Address:

Street: 6961 Hwy 3

City: Hayfork

County: Trinity

State: CA.

Zip Code: 96041

Country: USA

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

Prefix: Ms. First Name: Althea

Middle Name

Last Name: Lyon

Suffix:

Email:

Phone Number (give area code): (530)628-5517

Fax Number (give area code): (530)623-4252

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-8236808

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)

Special District

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Request for medical equipment

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

13. PROPOSED PROJECT

Start Date: July1, 2009

Ending Date: September 1, 2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 2,558.55
b. Applicant	$ 852.85
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 3,411.40

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Ms. First Name: Claire Middle Name

Last Name: Kuczkowski Suffix

b. Title: CEO c. Telephone Number (give area code): (530) 623-5541

d. Signature of Authorized Representative: Claire Kuczkowski e. Date Signed: May 1, 2009

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 072933393

* Legal Name: University of Southern California

Department: Contracts and Grants

Division:

* Street1: 837 Downey Way, Room 330

Street2:

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90089-1147

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MAY - 4 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix:

* First Name: Lisa

Middle Name:

* Last Name: Inomata-O'Connell

Suffix:

* Phone Number: 213-740-6069

Fax Number: 213-740-6070

Email: linomata@ooc.usc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-1642394

7. * TYPE OF APPLICANT: O: Private 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:

A Reactive Separation Process for Ethanol Synthesis

12. PROPOSED PROJECT:

* Start Date: 10/01/2009

* Ending Date: 09/30/2012

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-033

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

* First Name: Theodore

Middle Name: T

* Last Name: Tsotsis

Suffix:

Position/Title: Professor

* Organization Name: University of Southern California

Department: Chemical Eng and Materials Sci

Division:

* Street1: 925 Bloom Walk, HED-216

Street2:

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90089-1211

* Phone Number: 213-740-2069

Fax Number: 213-740-8053

* Email: tsotsis@usc.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	525,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	525,000.00
d. Estimated Program Income	0.00

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

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

DATE: 05/04/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Lisa | Middle Name:

* Last Name: Inomata-O'Connell | Suffix:

* Position/Title: Senior Contract and Grant Administrator

* Organization: University of Southern California

Department: Contracts and Grants | Division:

* Street1: 837 Downey Way, Room 330

Street2:

* City: Los Angeles | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 90089-1147

* Phone Number: 213-740-6069 | Fax Number: 213-740-8053

* Email: linomata@ooc.usc.edu

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

*** Date Signed** 5/4/2009 Completed on submission to Grants.gov

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 10, 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: The Arc of Butte County, Inc

Organizational Unit:
Department:
Division:

Organizational DUNS: 021186499

Address:
Street: 2030 Park Avenue
City: Chico
County: Butte
State: California
Zip Code: 95928
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Michael
Middle Name: Dean
Last Name: McGinnis
Suffix:
Email: michaeldmcginnis@sbcglobal.net
Phone Number (give area code): 530 891-5865
Fax Number (give area code):

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1746468

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
Other (specify) Non-Profit Agency

9. NAME OF FEDERAL AGENCY: USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The Arc of Butte County Oroville Training Facility, Adult Day Center, Adult Work Activity Center, Administrative Offices

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

13. PROPOSED PROJECT
Start Date: April 1, 2009
Ending Date: April 1, 2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: District Two
b. Project: District Two

15. ESTIMATED FUNDING:

a. Federal	$ 80,000.00
b. Applicant	$ 160,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 240,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
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: Michael
Middle Name: Dean
Last Name: McGinnis
Suffix:
b. Title: Executive Director
c. Telephone Number (give area code): 530 891-5865
d. Signature of Authorized Representative: Michael D McGinnis
e. Date Signed: 5/5/2009

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
3-06-0204	

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sacramento

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000549	106332955

d. Address:

* Street1:	6900 Airport Boulevard
Street2:	
* City:	Sacramento
County:	Sacramento
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95837-1109

e. Organizational Unit:

Department Name:	Division Name:
Department of Airports	Planning and Environment

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

Prefix:	Mr.	* First Name:	George
Middle Name:	E.		
* Last Name:	Munson		
Suffix:			

Title: Airport Planner

Organizational Affiliation:
Employee

* Telephone Number:	916 874-0767	Fax Number:	916 874-0741

* Email: munsong@saccounty.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

*** 12. Funding Opportunity Number:**

EDA03102009RECOVERYACT

* Title:

EDA Recovery Act Funding

13. Competition Identification Number:

01

Title:

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

Sacramento County Six-county MSA and San Joaquin County

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

Construct aircraft apron hydrant fueling system for new passenger Terminal B; will eliminate need for fuel trucks at Terminal B enhancing safety and eliminating air pollution created by the trucks.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-05
* b. Program/Project: CA-03

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/18/2009
* b. End Date: 04/01/2012

18. Estimated Funding ($):

* a. Federal	5,500,000.00
* b. Applicant	5,500,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	11,000,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/27/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Ms.
* First Name: Lisa
Middle Name: J.
* Last Name: Stanton
Suffix:

* Title: Chief Administrative Officer

* Telephone Number: 916 874-0792
Fax Number:

* Email: stantonl@saccounty.net

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier

b. Agency Routing Number

2. DATE SUBMITTED 05/06/2009

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 067638957

* Legal Name: General Atomics

Department:

Division: Energy Goup

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92121-1122

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Person to be contacted on matters involving this application

Prefix:

* First Name: Zabrina

Middle Name:

* Last Name: Johal

Suffix:

* Phone Number: 858-455-4004

Fax Number:

Email: zabrina.johal@gat.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-3735102

7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business)

Other (Specify):

Small Business Organization Type ☐ 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:

Atomistic Modeling as a Design Basis for Reactors with High Burnup Fractions

12. PROPOSED PROJECT:

* Start Date: 09/15/2009

* Ending Date: 09/14/2014

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-053

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr.

* First Name: Vincent

Middle Name:

* Last Name: Chan

Suffix:

Position/Title: Principal Investigator

* Organization Name: General Atomics

Department:

Division: Energy Goup

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 92121-1122

* Phone Number: 858-4554162

Fax Number:

* Email: vincent.chan@gat.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	11,769,080.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	11,769,080.00
d. Estimated Program Income	0.00

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

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

DATE: 05/06/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Howard | Middle Name: E.

* Last Name: Burdick | Suffix:

* Position/Title: Staff Director

* Organization: General Atomics

Department: Contracts and Purchasing | Division:

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego | County / Parish:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 92121-1122

* Phone Number: 858-455-2062 | Fax Number:

* Email: howard.burdick@gat.com

*** 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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED **April 2009**	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 DUNS: **07-378-0413**

Address:
Street: **777 Cypress Avenue**

City: **Redding**

County: **Shasta**

State: **CA** Zip Code: **96001-2718**

Country: **USA**

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Organizational Unit: **Redding Municipal Airport**
Department: **Transportation & Engineering**
Division: **Airports**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Mr.** First Name: **Rod**
Middle Name: **A.**
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)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Runway 16-34 and Associated Taxiways – Pavement Preservation (±220,000 SY)

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	Ending Date
07/01/09	06/30/10

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	600,000 .00
b. Applicant	$	0 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	600,000 .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: **04/20/09**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix **Mr.** First Name **Brian** Middle Name
Last Name **Crane** Suffix
b. Title **Director, Transportation and Engineering**
c. Telephone number (give area code) **(530) 245-7155**
d. Signature of Authorized Representative X Brian Crane
e. Date Signed X 4/28/09

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Authorized for Local Reproduction

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

(Package revised 12/2/08)

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 2009

Applicant Identifier:

1. TYPE OF SUBMISSION:
Application
☒ Construction
☒ Non-Construction
Preapplication
☐ Construction
☐ 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**

Department: **Transportation & Engineering**

Organizational DUNS: **07-378-0413**

Division: **Airports**

Address:
Street: **777 Cypress Avenue**

City: **Redding**

County: **Shasta**

State: **CA** Zip Code: **96001-2718**

Country: **USA**

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

Prefix: **Mr.** First Name: **Rod**

Middle Name: **A.**

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)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Terminal Rehabilitation – 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	Ending Date
07/01/09	06/30/10

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	475,000 .00
b. Applicant	$	0 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	475,000 .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: **04/20/09**
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix **Mr.** First Name **Brian** Middle Name

Last Name **Crane** Suffix

b. Title **Director, Transportation and Engineering**

c. Telephone number (give area code) **(530) 245-7155**

d. Signature of Authorized Representative
X

e. Date Signed
X 4/28/2009

Previous Editions Not Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

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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: Santa Cruz Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000424

* c. Organizational DUNS: 139118231

d. Address:

* Street1: 155 Center Street
Street2:
* City: Santa Cruz
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95060

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Zach

Middle Name:

* Last Name: Friend

Suffix:

Title: Principal Administrative Analyst

Organizational Affiliation:

* Telephone Number: (831) 420-5810

Fax Number: (831) 420-5811

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

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

Self-defense/Safety Skills at Santa Cruz City Schools

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 17
* b. Program/Project: 17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 07/01/2011

18. Estimated Funding ($):

* a. Federal	30,850.00
* b. Applicant	30,850.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	61,700.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2009
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Principal Administrative Analyst

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

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

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier: CA03097

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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: California at Irvine, University of

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952226406

* c. Organizational DUNS: 046705849

d. Address:

* Street1: 150 Public Services Building
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92697-4900

e. Organizational Unit:

Department Name: UC Irvine Police Department

Division Name: Police Administration

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

Prefix:
* First Name: Jeffrey
Middle Name: Dean
* Last Name: Hutchison
Suffix:

Title: Assistant Chief of Police

Organizational Affiliation: Full time employee of the UC Irvine Police Department

* Telephone Number: (949) 824-1140
Fax Number: (949) 824-0150

* Email: jhutchis@uci.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

University of California Irvine campus

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

Wide-area emergency broadcast/surveillance/telephone system

Attach supporting documents as specified in agency instructions

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-048
* b. Program/Project: CA-048

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2009
* b. End Date: 06/30/2010

18. Estimated Funding ($):

* a. Federal	151,746.00
* b. Applicant	151,746.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	303,492.00

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

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

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Jeffrey
Middle Name: Dean
* Last Name: Hutchison
Suffix:

* Title: Assistant Chief of Police

* Telephone Number: (949) 824-1140
Fax Number: (949) 824-0150

* Email: jhutchis@uci.edu

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

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s)
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0288069	195930276

d. Address:

* Street1:	1001 I Street
Street2:	P.O. Box 2815
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	95812

e. Organizational Unit:

Department Name:	Division Name:
California Air Resources Board	Administrative Services Division

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Singh		
Suffix:			

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number:	(916) 322-8201	Fax Number:	(916) 322-9612

* Email: msingh@arb.ca.gov

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005 * b. Program/Project: CA-all for all

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

Add Attachment

17. Proposed Project:

* a. Start Date: 6/2009 * b. End Date: 09/30/2010

18. Estimated Funding ($):

* a. Federal	$600,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	$9,000.00
* f. Program Income	
* g. TOTAL	$609,000.00

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

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

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative: Marie Stephans * Date Signed: 5-5-09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Lamont Public Utility District	**Organizational Unit:** Department: N/A
Organizational DUNS: 085401461	Division: N/A
Address: Street: 8624 Segrue Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Richard
City: Lamont	Middle Name
County: Kern	Last Name: St. Claire
State: California Zip Code: 93241	Suffix:
Country: United States	Email: rstclaire@swwc.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6004714	Phone Number (give area code): (661) 845-1213 Fax Number (give area code):
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) G: Special District. Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760. TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Weedpatch Neighborhood Sewer Connection Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Town of Weedpatch, Kern County, California	
13. PROPOSED PROJECT Start Date: 8/1/2009 Ending Date: 12/30/2009	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: 20th b. Project: 20th

15. ESTIMATED FUNDING:

a. Federal	$ 243,255.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 100,000.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 343,255.00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative		
Prefix: Mr	First Name: Gilbert	Middle Name
Last Name: Alaniz		Suffix
b. Title: Board President		c. Telephone Number (give area code): (661) 845-1213
d. Signature of Authorized Representative: Gilbert Alaniz		e. Date Signed: 4/27/2009

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY APR 15 2009	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Seneca Healthcare District	Organizational Unit: Department: Radiology
Organizational DUNS:	Division:
Address: Street: P.O. Box 737 City: Chester County: Plumas State: CA Zip Code 96020	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Cheryl Middle Name Last Name Darnell Suffix:
Country: U.S.	Email: cdarnell@senecahospital.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): ☐☐-☐☐☐☐☐☐☐	Phone Number (give area code) (530) 258-3099 Fax Number (give area code)
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) G - Special District
	9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Radiology Room / Equipment Replacement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 50,000
b. Applicant	$ 20,000
c. State	$
d. Local	$
e. Other	$ 150,000
f. Program Income	$
g. TOTAL	$ ~~255,000~~ 220,000

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix	First Name Doug	Middle Name
Last Name Self		Suffix
b. Title CEO		c. Telephone Number (give area code) (530) 258-2067
d. Signature of Authorized Representative		e. Date Signed 4/2/09

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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MAY 11 2009
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Sheriff's Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000927

* c. Organizational DUNS: 028950678

d. Address:

* Street1: 4700 Ramona Boulevard
Street2:
* City: Monterey Park
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91754-2169

e. Organizational Unit:

Department Name: Sheriff's Department

Division Name: ASD - Grants Unit

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

Prefix: Mrs.
* First Name: Jessica
Middle Name:
* Last Name: Tjioe
Suffix:

Title: Grants Analyst

Organizational Affiliation:

* Telephone Number: 323-526-5397
Fax Number: 323-415-3393

* Email: grants@lasd.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:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

2009 Secure Our Schools Program (SOS)

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

THE CITIES OF LAWNDALE, NORWALK, AND LA MIRADA, LOS ANGELES COUNTY, CALIFORNIA

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

2009 Secure Our Schools

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 4-11-09	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: The CA Academy for Economic Development

Organizational DUNS: 14-768-1741

Address:

Street: 550 Bercut Drive Suite G

City: Sacramento

County: Sacramento

State: CA

Zip Code: 95811

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: Ms

First Name: Gurbax

Middle Name

Last Name: Sahota

Suffix:

Email: gsahota@caled.org

Phone Number (give area code): 916-448-8252 ext.15

Fax Number (give area code): 916-448-3811

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MAY 11 2009
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 6 8 – 0 3 8 7 7 1 8

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)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Scholarships to train rural leaders how to grow their local economies.

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

Rural communities in California

13. PROPOSED PROJECT

Start Date: 4-11-09

Ending Date: 4-18-09

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 20,000.00
b. Applicant	$ 10,735.00
c. State	$ .00
d. Local	$ .00
e. Other	$ 13,800.00
f. Program Income	$ .00
g. TOTAL	$ 44,535.00

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: 5-11-09

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: Ms

First Name: Gurbax

Middle Name

Last Name: Sahota

Suffix

b. Title: Executive Director

c. Telephone Number (give area code): 916-448-8252

d. Signature of Authorized Representative: Gurbax Sahota

e. Date Signed: 4-11-09

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SF 424

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

SF 424

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

May 6, 2009	Applicant Identifier	**Type of Submission**	
		Application	**Pre-application**
		☐ Construction	☐ Construction
		☒ Non Construction	☐ 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)	
$833,847	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	
$130,000 Anticipated revolving loan funds		Other (Describe) $90,296 Prior year CDBG	
Total Funds Leveraged for CDBG-based Project(s) $1,054,143			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
$600,496	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	

$470,300 Anticipated Program Income	Other (Describe)
Total Funds Leveraged for HOME-based Project(s) $1,070,796	

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.		☒ Yes	This application was made available to the state EO 12372 process for review on May 6, 2009
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Lydia		Buckley
Housing Manager	(530)225-4427	(530)245-7160
lbuckley@ci.redding.ca.us	www.ci.redding.ca.us	
Signature of Authorized Representative Kurt Starman, City Manager		Date Signed May 6, 2009

State of California DEPARTMENT OF WATER RESOURCES The Resources Agency

FAX COVER SHEET

To	Office of Planning and Research	From	Tina Glorioso
Organization		Organization	DWR - Division of Safety of Dams
Location (Building/ Room Number)		Location (Building/ Room Number)	2200 X Street, Suite 200
FAX Number	(916) 323-3018	FAX Number	227-4500
Telephone Number		Telephone Number	227-9800
Total Number of Pages Sent (including this sheet)	2	Date	5/12/2009

COMMENTS:
NOTICE OF DETERMINATION

Discard copy ☐
Original letter to follow ☐

If you do not receive all pages, or have any problems with receiving this fax, please call: _____

DWR 4210 (Rev. 01/00)

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Atwater

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002854

* c. Organizational DUNS: 004948113

d. Address:

* Street1: 750 E. Bellevue Road
Street2:
* City: Atwater
County: Merced
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95301

e. Organizational Unit:

Department Name: Atwater Police Department

Division Name: Public Safety

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

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

Title: Police Chief

Organizational Affiliation: City of Atwater Police Department

* Telephone Number: (209) 357-6744

Fax Number: (209) 358-5256

* Email: rhawthorne@atwater.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

City of Atwater, County of Merced, State of California

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

Atwater High School/Buhach Colony High School Lighting Project

Attach supporting documents as specified in agency instructions.

Add Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 18
* b. Program/Project: CA-018

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

Add Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 12/31/2010

18. Estimated Funding ($):

* a. Federal	30,081.00
* b. Applicant	30,081.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	60,162.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Gregory
Middle Name: B.
* Last Name: Wellman
Suffix:

* Title: City Manager
* Telephone Number: (209) 357-6301
Fax Number: (209) 357-6302
* Email: gwellman@atwater.org
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☐ Continuation
- ☒ Revision

* If Revision, select appropriate letter(s)
A. Increase Award
*Other (Specify)

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3. Date Received:

4. Applicant Identifier:
S-08-UC-06-0507

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: County of Ventura

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000944

*c. Organizational DUNS:
066691122

d. Address:

*Street 1: 800 South Victoria Avenue
Street 2: Hall of Administration L#1940
*City: Ventura
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93009

e. Organizational Unit:

Department Name:
County Executive Office

Division Name:
Regional Development Division

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

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

Title: Deputy Executive Officer

Organizational Affiliation:
County of Ventura - County Executive Office - Regional Development Division

*Telephone Number: 805-654-2679
Fax Number: 805-654-5106

*Email: christy.madden@ventura.org

Application for Federal Assistance SF-424 Version 02

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.257

CFDA Title:

Homelessness Prevention & Rapid Re-Housing Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Ventura County

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

HPRP Substantial Amendment to the County of Ventura 2008 Action Plan

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 23 and 24 *b. Program/Project: 23 and 24

17. Proposed Project:

*a. Start Date: 9/1/2009 *b. End Date: 9/1/2012

18. Estimated Funding ($):

*a. Federal	826,094
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	826,094

***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 May 8, 2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Marty

Middle Name:

*Last Name: Robinson

Suffix:

*Title: County Executive Officer

*Telephone Number: 805-654-2681 Fax Number: 805-654-5106

* Email: marty.robinson@ventura.org

*Signature of Authorized Representative: Marty Robinson *Date Signed: 5-8-09

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FC02-92ER40695

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

*** Organizational DUNS:** 092530369

* Legal Name: Regents of the University of California

Department: Off. of Contract & Grant Admin

Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90024-1406

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Person to be contacted on matters involving this application

Prefix: Ms.

* First Name: Kristin

Middle Name:

* Last Name: Lund

Suffix:

* Phone Number: 310-794-0171

Fax Number: 310-794-0631

Email: klund@resadmin.ucla.edu

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

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

Other (Specify):

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

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Supplemental Funding Proposal for Accelerator Research and Development at UCLA - Muon Collider Studies

12. PROPOSED PROJECT:

* Start Date: 11/01/2008

* Ending Date: 10/31/2009

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Prof.

* First Name: David

Middle Name:

* Last Name: Cline

Suffix:

Position/Title:

* Organization Name: David Cline

Department: 1000

Division: Univ. of Calif, Los Angeles

* Street1: Box 951547

Street2: UCLA Physics & Astronomy

* City: Los Angeles

County / Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90024-1406

* Phone Number: 310-825-1673

Fax Number:

* Email: dcline@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	$5,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	55,000.00
d. Estimated Program Income	0.00

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

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

DATE: 05/13/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0171 Fax Number: 310-794-0631

* Email: klund@resadmin.ucla.edu

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

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

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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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:	County of Tulare
* b. Employer/Taxpayer Identification Number (EIN/TIN):	94-6000545
* c. Organizational DUNS:	038431792

d. Address:

* Street1:	2404 W. Burrel Ave.
Street2:	
* City:	Visalia
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93291

e. Organizational Unit:

Department Name:	Division Name:
Tulare County Sheriff's Dept.	

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

Prefix:	Mr.	* First Name:	Michael
Middle Name:			
* Last Name:	Bowen		
Suffix:			

Title: Grants Specialist

Organizational Affiliation:
Tulare County Sheriff's Dept.

* Telephone Number:	559-733-6229, Ext. 6531	Fax Number:	559-733-6515

* Email: MBowen@co.tulare.ca.us

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title

Secure Our Schools Program

13. Competition Identification Number:

Title

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

Tulare County, California

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

Cutler-Orosi Campus Security Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a Applicant: 21
* b Program/Project: 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a Start Date: 10/01/2009
* b End Date: 09/30/2011

18. Estimated Funding ($):

* a Federal	20,276.50
* b Applicant	0.00
* c State	0.00
* d Local	20,276.50
* e Other	0.00
* f. Program Income	0.00
* g TOTAL	40,553.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/13/2009
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Phillip
Middle Name:
* Last Name: Cox
Suffix:

* Title: Chairman, Tulare County Board of Supervisors

* Telephone Number: 559-733-6229, Ext. 6531
Fax Number:

* Email: MBowen@co.tulare.ca.us

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

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received: May 7, 2009

4. Applicant Identifier: B09MC060566

5a. Federal Entity Identifier: 95-6000724

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Huntington Park

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-60000724

*c. Organizational DUNS: 070657085

d. Address:

*Street 1: 6550 Miles Avenue
Street 2:
*City: Huntington Park
County: Los Angeles
*State: CA
Province:
*Country: United States
*Zip / Postal Code 90255

e. Organizational Unit:

Department Name: Community Development Department

Division Name:

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

Prefix: Mr.
*First Name: Henry
Middle Name: L.
*Last Name: Gray
Suffix:

Title: Community Development Director

Organizational Affiliation: City of Huntington Park

*Telephone Number: 323-284-6300
Fax Number: 323-584-6244

*Email: hgray@huntingtonpark.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:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-219

CFDA Title:

Community Development Block Grant Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Huntington Park

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

The Community Development Block Grant Program is designed to develop viable urban communities by providing decent housing and a suitable living environment and expand economic opportunities principally for persons of low and moderate income.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-034 *b. Program/Project: CA-034

17. Proposed Project:

*a. Start Date: July 1, 2009 *b. End Date: June 30, 2010

18. Estimated Funding ($):

*a. Federal	$1,607,403
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$463,786
*f. Program Income	$0.00
*g. TOTAL	$2,055,616

***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 May 6, 2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Gregory

Middle Name: D.

*Last Name: Korduner

Suffix:

*Title: City Manager

*Telephone Number: 323-284-6223 Fax Number: 323-584-6313

* Email: gkorduner@huntingtonpark.org

*Signature of Authorized Representative: *Date Signed: 05/07/2008

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted	Applicant Identifier
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier LS 97952501

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

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

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Kevin Graves
(916) 341-5782

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

6. D U N S Number: 808321913

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

8. Type of Application:
___ New _X_ Revision __ Continuation
If Revision, enter appropriate letter(s): _A_ ____
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
66.805
Title: Leaking Underground Storage Tank Trust Fund Program

11. Descriptive Title of Applicant's Project:
Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.

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

13. Proposed Project:

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

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$4,420,930
b. Applicant	$0
c. State	$698,422
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$5,119,352

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: __X__ This application/preapplication was made available to the State EO 12372 process for review on:
Date: May 14, 2009
b. NO: _____ Program is not covered by EO # 12372
_____ Program has not been selected by the state for review.

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

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

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

d. Signature of Authorized Representative	e. Date Signed:
	5/19/2009

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted	Applicant Identifier
3. Date Rec'd by State	State Application Identifier
4. Date Rec'd by Federal	Federal Identifier L 97957401

1. Type of Submission:
Application — Preapplication
____ Construction — ____ Construction
__X_ Nonconstruction — ____ Nonconstruction

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STATE CLEARING HOUSE

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

Organizational Unit:
Division of Water Quality
Name and telephone of person to be contacted on matters involving this application (give area code):
Kevin Graves
(916) 341-5782

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

6. D U N S Number: 808321913

7. Type of Applicant: (enter appropriate letter) __A___

A. State	H. Independent School District
B. County	I. State Institute 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:
___ New _X_ Revision ___ Continuation
If Revision, enter appropriate letter(s): __A_ _C_
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
66.804
Title: State Underground Storage Tanks Program

11. Descriptive Title of Applicant's Project:
The Energy Policy Act of 2005 contains amendments to the Solid Waste Disposal Act (original legislation that created the Underground Storage Tank (UST) Program) to focus on preventing releases. This includes provisions regarding inspections, operator training, delivery prohibition, secondary containment and financial responsibility, and cleanup of releases containing oxygenated fuel additives.

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

13. Proposed Project:

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

14. Congressional District of:

Applicant:	Project:
3	California - All

15. ESTIMATED FUNDING:

a. Federal	$1,523,000
b. Applicant	$0
c. State	$538,033
d. Local	$0
e. Other	$0
f. Program Income	$0
g. TOTAL	$2,061,033

16. Is the application subject to review by the State Executive Order (EO) 12372 process?
a. YES: __X__ This application/preapplication was made available to the State EO 12372 process for review on:
Date: May 13, 2009
b. NO: _____ Program is not covered by EO # 12372
_____ Program has not been selected by the state for review.

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

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

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

d. Signature of Authorized Representative	e. Date Signed:
	5/19/2009

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

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

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

2. DATE SUBMITTED: 05/13/2009
Applicant Identifier:

5. APPLICANT INFORMATION — *** Organizational DUNS:** 025986159

* Legal Name: South Coast Air Quality Management District
Department: Division:
* Street1: 21865 Copley Drive
Street2:
* City: Diamond Bar County / Parish: Los Angeles
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 91765-4182

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Person to be contacted on matters involving this application
Prefix: * First Name: Nancy Middle Name:
* Last Name: Cole Suffix:
* Phone Number: 909-396-2767 Fax Number: 909-396-2765
Email: ncole@aqmd.gov

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 953099415

7. * TYPE OF APPLICANT: D: Special District Government
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: National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.087
TITLE: Renewable Energy Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Plug-In Hybrid Electric Medium Duty Commercial Fleet Demonstration and Evaluation

12. PROPOSED PROJECT:
* Start Date: 09/01/2009 * Ending Date: 12/31/2013

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** 42

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: Matt Middle Name:
* Last Name: Miyasato Suffix:
Position/Title: Assistant Deputy Executive Officer
* Organization Name: South Coast Air Quality Management District
Department: Science&Technology Advancement Division:
* Street1: 21865 Copley Drive
Street2:
* City: Diamond Bar County / Parish: Los Angeles
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 91765-4182
* Phone Number: 909-396-3249 Fax Number:
* Email: mmiyasato@aqmd.gov

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	45,496,895.00
b. Total Non-Federal Funds	45,496,895.00
c. Total Federal & Non-Federal Funds	90,992,790.00
d. Estimated Program Income	0.00

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

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

DATE: 05/13/2009

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

[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.*

18. SFLLL or other Explanatory Documentation

Disclosure of Lobbying Activities (SF-LLL).doc | Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Barry | Middle Name:

* Last Name: Wallerstein, D.Env | Suffix:

* Position/Title: Executive Officer

* Organization: South Coast Air Quality Management District

Department: | Division:

* Street1: 21865 Copley Drive

Street2:

* City: Diamond Bar | County / Parish: Los Angeles

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 91765-4182

* Phone Number: 909-396-2100 | Fax Number:

* Email: bwallerstein@aqmd.gov

*** 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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

4. Applicant Identifier:

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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: Gridley Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250
Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Lemoore, Kings County, California

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

Washington Court Apartments: a 57-unit multi-family apartment complex; consisting of 32/2-bdrm units & 25/3-bdrm units - to be located at 901 & 1039 Washington Court (continuous sites) in Gridley, Butte County, California (For additional description of project, please see Item II.B. of this Pre-Application.)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ID-001 * b. Program/Project: CA-002

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009 * b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	280,500.00	Deferred Developer's Fee
* c. State	1,900,000.00	City of Gridley / HOME Funds
* d. Local	1,325,000.00	Permanent Lender / Conventional Loan
* e. Other	11,322,246.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	14,827,746.00	Total Development Cost

*** 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 05-15-2009

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission * Date Signed: 05-15-2009

Authorized for Local Reproduction

By: _____

Standard Form 424 (Revised 10/2005)
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):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 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: Lemoore Pacific Associates II, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250
Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Lemoore, Kings County, California

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

Lemoore Senior Apartments - an 80-unit senior citizens apartment complex; 64/1-bdrm units & 16/2-bdrm units - to be located on the southeast corner of Fox Street and Cinnamon Drive. (For additional description of project, please see Item II.B. of this Pre-Application.)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ID-001
* b. Program/Project: CA-020

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

Add Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009
* b. End Date: 09/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	200,000.00	Deferred Developer Fee
* c. State	10,581,906.00	Tax Credit Financing
* d. Local	1,900,000.00	City of Lemoore HOME Loan
* e. Other	600,000.00	Permanent Loan
* f. Program Income		
* g. TOTAL	14,281,906.00	Total Development Cost

*** 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 05-16-2009

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-11-2009

Authorized for Local Reproduction

By:

Standard Form 424 (Revised 10/2005)
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:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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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: Oroville Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:

* First Name: Margo

Middle Name: E.

* Last Name: Swedberg

Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250

Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Oroville, Butte County, California

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

Hillview Ridge Apartments II: a 57-unit multi-family apartment complex; consisting of 16/2-bdrm units, 33/3-bdrm units, & 8/4-bdrm units - to be located on Executive Parkway in Oroville, Butte County, California.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ID-001 * b. Program/Project: CA-002

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009 * b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	200,000.00	Deferred Developer's Fee
* c. State	1,900,000.00	City of Oroville / HOME Funds
* d. Local	825,000.00	City of Oroville / CDBG Grant
* e. Other	1,600,000.00	Permanent Lender / Conventional Loan
* f. Program Income	11,619,918.00	Tax Credit Equity
* g. TOTAL	17,144,918.00	Total Development Cost

*** 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 05-15-2009

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-15-2009

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fort Bragg

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000335

* c. Organizational DUNS: 089683569

d. Address:

* Street1: 416 North Franklin Street
Street2:
* City: Fort Bragg
County: Mendocino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95437

e. Organizational Unit:

Department Name: Fort Bragg Police Department

Division Name:

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

Prefix: Ms.
* First Name: Jennifer
Middle Name:
* Last Name: Owen
Suffix:

Title: Housing & Economic Development Coordinator

Organizational Affiliation: City of Fort Bragg

* Telephone Number: 707-961-2823 X109
Fax Number: 707-961-2602

* Email: jowen@fortbragg.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

City of Fort Bragg

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

Fort Bragg Middle School Video Surveillance System Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/14/2009
* b. End Date: 03/31/2010

18. Estimated Funding ($):

* a. Federal	78,272.24
* b. Applicant	0.00
* c. State	0.00
* d. Local	78,272.24
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	156,544.48

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2009.

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

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

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

[ ] Yes [X] No

Attach an explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Linda

Middle Name:

* Last Name: Ruffing

Suffix:

* Title: City Manager

* Telephone Number: 707-961-2823 Fax Number: 707-961-2802

* Email: lruffing@fortbragg.com

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 05/15/2009

4. Applicant Identifier: CA03097

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: GRANT10321070

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California (Irvine Campus)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952226406

* c. Organizational DUNS: 046705849

d. Address:

* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92697-7600

e. Organizational Unit:

Department Name: UC Irvine Police Department

Division Name: Police Administration

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

Prefix: Mr.
* First Name: Jeffrey
Middle Name: Dean
* Last Name: Hutchison
Suffix:

Title: Assistant Chief of Police

Organizational Affiliation:
Full time employee of the UC Irvine Police Department

* Telephone Number: 9498241140
Fax Number: 9498240150

* Email: jhutchis@uci.edu

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

University of California (Irvine campus) and the City of Irvine, CA.

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

Wide-area emergency broadcast system

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-048
* b. Program/Project: CA-048

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2009
* b. End Date: 06/30/2010

18. Estimated Funding ($):

* a. Federal	151,746.00
* b. Applicant	151,746.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	303,492.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: William

Middle Name:

* Last Name: Fischer

Suffix:

* Title: Sr. Contract & Grant Officer

* Telephone Number: 9498242644 Fax Number: 9498242094

* Email: gfischer@uci.edu

* Signature of Authorized Representative: Jeffrey Hutchison * Date Signed: 05/15/2009

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier: CA0340400

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Sacramento Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000410

* c. Organizational DUNS: 140145660

d. Address:

* Street1: 5770 Freeport Blvd., Suite 100
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95822

e. Organizational Unit:

Department Name: Office of Technical Services

Division Name: Fiscal Operations

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

Prefix: Ms.
* First Name: Kelga
Middle Name: J
* Last Name: Sprung
Suffix:

Title: Administrative Analyst

Organizational Affiliation: Fiscal Operations

* Telephone Number: (916) 808-0838
Fax Number: (916) 808-0860

* Email: ksprung@pd.cityofsacramento.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

City of Sacramento

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

COPS FY2009 Secure Our Schools Program (SOS): Secure School Safety

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-005

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	463,699.00
* b. Applicant	463,699.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	927,398.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Chief of Police

* Telephone Number: (916) 808-0800
Fax Number: (916) 808-0818

* Email: rbraziel@pd.cityofsacramento.org

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 05/15/2009

4. Applicant Identifier: NA

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5a. Federal Entity Identifier: NA

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Dinuba Police Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000320

* c. Organizational DUNS: 931527480

d. Address:

* Street1: 680 S Alta Ave.
Street2:
* City: Dinuba
County: Tulare
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93618

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:
* First Name: Elizabeth
Middle Name:
* Last Name: Villalobos
Suffix: Ms.

Title: Community Relations Specialist

Organizational Affiliation:

* Telephone Number: 559-596-2174
Fax Number: 559-596-2175

* Email: evillalobos@dinuba.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

G: Independent School District

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

The City of Dinuba and Dinuba Unified

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

The City of Dinuba in collaboration with Dinuba Unified School District is seeking funding for added safety measures on the Dinuba High School Campus; surveillance cameras; lighting & other equipment.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 21
* b. Program/Project: CA-021

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2009
* b. End Date: 08/01/2011

18. Estimated Funding ($):

* a. Federal	197,467.10
* b. Applicant	197,467.11
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	394,934.21

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2009.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Elizabeth
Middle Name:
* Last Name: Villalobos
Suffix: Ms.

* Title: Community Relations Specialist

* Telephone Number: 559-596-2174
Fax Number: 559-596-2175

* Email: evillalobos@dinuba.ca.gov

* Signature of Authorized Representative: Elizabeth Villalobos
* Date Signed: 05/15/2009

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Torrance

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-600083	034568522

d. Address:

* Street1: 3300 Civic Center Drive
Street2:
* City: Torrance
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90503-5016

e. Organizational Unit:

Department Name:	Division Name:
Torrance Police Department	

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

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

Title: Business Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
(310) 618-5676	(310) 618-5635

* Email: landerson@torrnet.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

City of Torrance, County of Los Angeles, California

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

Secure Torrance Schools

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA 36
* b. Program/Project: CA 36

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009
* b. End Date: 08/31/2011

18. Estimated Funding ($):

* a. Federal	498,650.00
* b. Applicant	498,650.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	997,300.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2009.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: LeRoy
Middle Name: J.
* Last Name: Jackson
Suffix:

* Title: City Manager

* Telephone Number: (310) 618-5860
Fax Number:

* Email: ljackson@torrnet.com

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