

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

MAY 03 2010

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

R10SF80157

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Eastern Municipal Water District

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

95-6004429

* c. Organizational DUNS:

047789870

d. Address:

* Street1:

2270 Trumble Road

Street2:

PO Box 8300 Perris, CA 92572-8300

* City:

Perris

County:

Riverside

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92570

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:

Greg

Middle Name:

* Last Name:

Kahlen

Suffix:

Title:

Project Manager

Organizational Affiliation:

Elan Associates

* Telephone Number:

(951) 712-1741

Fax Number:

(951) 520-1339

* Email:

gregk@elanltd.net

9. Type of Applicant 1: Select Applicant Type:

Irrigation and water district

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2010

* 12. Funding Opportunity Number:

R10SF80157

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2010

13. Competition Identification Number:

Title:

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

County of Riverside; Cities of Moreno Valley and Perris; Communities of Good Hope, Homeland, Juniper Flats, Lakeview, Mead Valley, Menifee, Nuevo, North Canyon Lake, Quail Valley, Romoland, Sun City

* 15. Descriptive Title of Applicant's Project:

Perris Water Filtration Plant Reject Recovery Facility

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 41, 44, 45, 49

* b. Program/Project 49

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

17. Proposed Project:

* a. Start Date: March 2011

* b. End Date: May 2012

18. Estimated Funding (\$):

* a. Federal 1,000,000

* b. Applicant 5,765,828

* c. State 0

* d. Local 0

* e. Other 0

* f. Program Income 0

* g. TOTAL 6,765,828

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Anthony

Middle Name: J.

* Last Name: Pack

Suffix:

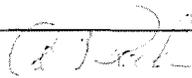
* Title: General Manager

* Telephone Number: (951) 928-3777

Fax Number: (951) 928-6112

* Email: packa@emwd.org

* Signature of Authorized Representative:



* Date Signed:

4/30/10

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Gmmr.gov upon submission.	4. Applicant Identifier: N/A	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 03 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: N/A	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: Yolo County Flood Control & Water Conservation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1658520	* c. Organizational DUNS: 082110800	
d. Address:		
* Street1: 34274 State Highway 16	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: Woodland	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text"/>	USA: UNITED STATES	
* Zip / Postal Code: 95695-9371	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Monique	<input type="text"/>
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: de Barruel	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Associate Engineer	<input type="text"/>	
Organizational Affiliation: West Yost Associates		
* Telephone Number: 530.792.3221	Fax Number: 530.756.5991	
* Email: mdebarruel@westyost.com		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of the Interior, Bureau of Reclamation, Policy & Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

*** 12. Funding Opportunity Number:**

R10SF80157

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2010

13. Competition Identification Number:

Title:

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

City of Woodland, City of Davis, City of Winters, University of California at Davis, town of Capay, town of Esparta, town of Madison

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

Regional Conjunctive Use Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: **CA-002, CA-001** * b. Program/Project: **CA-002, CA-001**

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

17. Proposed Project:

* a. Start Date: **9/1/2010** * b. End Date: **8/31/2012**

18. Estimated Funding (\$):

* a. Federal	\$300,000
* b. Applicant	\$450,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$750,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on **5/3/2010**

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

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

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

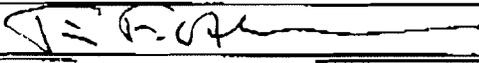
Yes No

If "Yes", provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, 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: **Tim**

Middle Name:

* Last Name: **O'Halloran**

Suffix:

* Title: **General Manager**

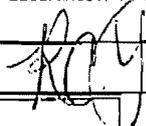
* Telephone Number: **530.662.0265** Fax Number: **530.662.4982**

* Email: **tohalloran@ycfcwcd.org**

* Signature of Authorized Representative: * 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
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-001"/>	* b. Program/Project <input type="text" value="CA-001"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="09/01/2010"/>	* b. End Date: <input type="text" value="06/15/2012"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="287,700.00"/>	
* b. Applicant	<input type="text" value="303,766.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="591,466.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05/03/2010"/>	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative: 		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="Regina"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Cherovsky"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Managing Trustee"/>	
* Telephone Number:	<input type="text" value="530-662-1484"/>	Fax Number: <input type="text" value="530-662-0562"/>
* Email:	<input type="text" value="regina@conawayranch.com"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Beaumont-Cherry Valley Water District
 Organizational DUNS: 06-763-7991
 Address: 560 Magnolia Avenue, Beaumont, Riverside, CA 92223-2258, USA
 Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: James, Middle Name: F., Last Name: Owens, Suffix: P.E., Email: james.owens@nolte.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 15-00002244
 Phone Number (give area code): 760-341-3101
 Fax Number (give area code): 760-341-5999

8. TYPE OF APPLICATION: New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)
 Other (specify):
7. TYPE OF APPLICANT: (See back of form for Application Types)
 G
 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 Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Consolidation of Cherry Valley Water Company into Beaumont-Cherry Valley Water District, including improvements to distribution system serving Cherry Valley Water Company.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cherry Valley Water Company, unincorporated Riverside County

13. PROPOSED PROJECT
 Start Date: Spring 2010, Ending Date: Fall 2011
14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: CA - 41, b. Project: CA - 41

15. ESTIMATED FUNDING:

a. Federal	\$ 1,903,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$.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: February 2010
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

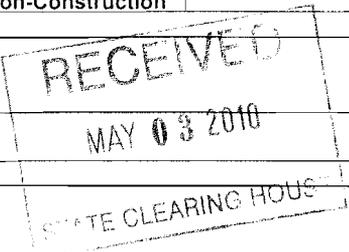
a. Authorized Representative
 Prefix: Last Name: Lara, First Name: Anthony, Middle Name: Suffix:
 b. Title: General Manager, Beaumont-Cherry Valley Water District, c. Telephone Number (give area code): 951-845-9581
 d. Signature of Authorized Representative: [Signature], e. Date Signed: 3/8/10

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/29/10	Applicant Identifier
Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department: County Administrative Office	
County of Lake		Division:	
Organizational DUNS: 15-935-4914		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: Street: 255 N. Forbes Street		Prefix: Mr.	First Name: Heber
City: Lakeport		Middle Name Matthew	
County: Lake		Last Name Perry	
State: CA	Zip Code 95453	Suffix:	
Country: United States		Email: matt_p@co.lake.ca.us	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 8 2 5	Phone Number (give area code) 707-263-2580	Fax Number (give area code) 707-263-1012
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Middletown Library and Senior Center
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lake County	14. CONGRESSIONAL DISTRICTS OF: a. Applicant One b. Project Once
--	--

13. PROPOSED PROJECT Start Date: October 1, 2010 Ending Date: October 30, 2011	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal \$ 200,000.00	
b. Applicant \$ 3,397,587.00	
c. State \$ 40,000.00	
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 3,637,587.00	

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

a. Authorized Representative		
Prefix Mr.	First Name Kelly	Middle Name F.
Last Name Cox		Suffix
Title County Administrative Officer		c. Telephone Number (give area code) 707-263-2580
u. Signature of Authorized Representative		e. Date Signed 4-29-2010

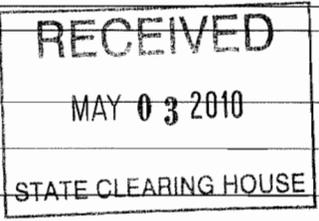
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: San Luis Obispo County	Organizational Unit: Department: Public Works
Organizational DUNS: 118246060	Division: Los Osos Wastewater Project
Address: Street: Room 207 County Government Center	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: John
City: San Luis Obispo	
County: San Luis Obispo	Middle Name Isaac
State: CA	Last Name Waddell
Zip Code 93408	Suffix:
Country: USA	Email: jwaddell@co.slo.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-6000939

Phone Number (give area code): 805-788-2713
 Fax Number (give area code): 805-781-1229

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

Other (specify)

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

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

TITLE (Name of Program):
 Water and Wastewater Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Construction of a community wastewater collection system, treatment facility and effluent reuse component(s).

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Unincorporated area of Los Osos, San Luis Obispo County, California

13. PROPOSED PROJECT
 Start Date: 1/1/2007 Ending Date: 1/1/2014

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 23 b. Project: 23

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/18/2009 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 80,000,000.00	
b. Applicant	\$.00	
c. State	\$ 86,000,000.00	
d. Local Individual Property Owners	\$ 15,600,000.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 181,600,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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 Paavo	Middle Name
Last Name Ogren		Suffix
b. Title Director of Public Works		c. Telephone Number (give area code) 805-781-5252
d. Signature of Authorized Representative		e. Date Signed 4/22/2010

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: _____		4. Applicant Identifier: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 03 2010 </div>
5a. Federal Entity Identifier: 077372423		*5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Redwood City		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001116		*c. Organizational DUNS: 077372423
*d. Address:		
*Street 1: P.O. Box 391		
Street 2: 1017 Middlefield Road		
*City: Redwood City		
County: San Mateo		
*State: CA		
Province: _____		
*Country: USA		
*Zip / Postal Code 94063-0391		
*e. Organizational Unit:		
Department Name: Public Works Services Department		Division Name:
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.		*First Name: Anita
Middle Name: _____		
*Last Name: Jain		
Suffix: _____		
Title: Engineer		
Organizational Affiliation: Whitley Burchett & Associates - consultant to Redwood City		
*Telephone Number: 925.945.6850		Fax Number: 925.945.7415
*Email: ajain@whitleyburchett.com		

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:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15-504

CFDA Title:

Water 2025

***12 Funding Opportunity Number:**

R10SF80157

*Title:

WaterSMART: Water and Energy Efficiency Grants for FT 2010

13. Competition Identification Number:

Title:

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

Redwood City, San Mateo County, California

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

Residential Water Meter Replacement Program

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-14

*b. Program/Project: CA-14

17. Proposed Project:

*a. Start Date: 6/1/10

*b. End Date: 12/31/14

18. Estimated Funding (\$):

*a. Federal	\$1,000,000
*b. Applicant	\$1,954,433
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$2,954,433

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/3/10
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Peter

Middle Name: _____

*Last Name: Ingram

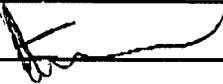
Suffix: _____

*Title: City Manager

*Telephone Number: 650.780.7300

Fax Number:

* Email: citymanager@redwoodcity.org

*Signature of Authorized Representative: *Date Signed: 5/30/2010

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 3, 2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: City of Watsonville		Organizational Unit: Department: Redevelopment and Housing Department	
Organizational DUNS: 01-093-9453		Division: Economic Development	
Address: Street: P.O. Box 50000		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Watsonville		Prefix: Ms. and/or Mr	First Name: Marty and/or Fabian
County: Santa Cruz		Middle Name	
State: CA Zip Code: 95077		Last Name: Ackerman and/or Guzman	
Country: US		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451		Email: mackerman@ci.watsonville.ca.us and/or fguzman@ci.watsonville.ca.us	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code): (831) 768-3080 Fax Number (give area code): (831) 763-4114	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): RBEG- Rural Enterprise Grant 10-769		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Santa Cruz and County of Monterey		9. NAME OF FEDERAL AGENCY: USDA - RBEG (Rural Enterprise Grant)	
13. PROPOSED PROJECT Start Date: 2010 Ending Date: 2011		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pajaro Valley Commercial Kitchen Incubator feasibility study including Design Development and construction Documents.	
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th	
a. Federal	\$ 67,500.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
c. State	\$	DATE: 5/03/2010	
d. Local	\$ 22,500.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
e. Other In Kind	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 90,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Carlos	Middle Name J.	
Last Name Palacios	Suffix		
b. Title City Manager	c. Telephone Number (give area code) (831) 761-0736		
d. Signature of Authorized Representative <i>Carlos J. Palacios</i>	e. Date Signed		May 3, 2010

RECEIVED
 MAY 04 2010
 STATE CLEARING HOUSE

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

2. DATE SUBMITTED
05/06/2010

Applicant Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

5. APPLICANT INFORMATION * Organizational DUNS: 078576738

* Legal Name: University of California/ Lawrence Berkeley Nat'l Laboratory

Department: Building Technologies Division: Environ. Energy Technologies

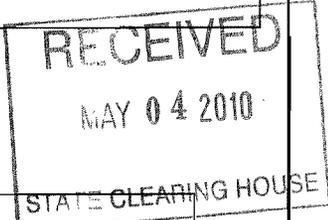
* Street1: 1 Cyclotron Road

Street2:

* City: Berkeley County / Parish: Alameda County

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 94720-8134



Person to be contacted on matters involving this application

Prefix: * First Name: Mary Ann Middle Name:

* Last Name: Piette Suffix:

* Phone Number: (510) 486-6286 Fax Number: (510) 486-4089

Email: MAPiette@lbl.gov

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 942951741

7. * TYPE OF APPLICANT: X: Other (specify)

Other (Specify): Federally Funded Research and Development Center

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es).

New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration

Renewal Continuation Revision E. Other (specify):

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

9. * NAME OF FEDERAL AGENCY: Energy Cluster Program

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.086

TITLE: Conservation Research and Development

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Institute for Building Energy Efficiency and Emerging Markets (I-BEEM)

12. PROPOSED PROJECT: * Start Date: 10/01/2010 * Ending Date: 09/30/2015

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** CA-009

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Mary Ann Middle Name:

* Last Name: Piette Suffix:

Position/Title: Deputy Group Leader/Staff Scientist

* Organization Name: University of California/ Lawrence Berkeley Nat'l Laboratory

Department: Building Technologies Division: Environ. Energy Technologies

* Street1: 1 Cyclotron Road, Mail Stop 90R3111

Street2:

* City: Berkeley County / Parish: Alameda County

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 94720-8134

* Phone Number: (510) 486-6286 Fax Number: (510) 486-4089

* Email: MAPiette@lbl.gov

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING		16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Total Federal Funds Requested	<input type="text" value="122,000,000.00"/>	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds	<input type="text" value="0.00"/>		DATE: <input type="text" value="05/04/2010"/>
c. Total Federal & Non-Federal Funds	<input type="text" value="122,000,000.00"/>	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income	<input type="text" value="0.00"/>		<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

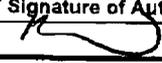
18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
 * Position/Title:
 * Organization:
 Department: Division:
 * Street1:
 Street2:
 * City: County / Parish:
 * State: Province:
 * Country: * ZIP / Postal Code:
 * Phone Number: Fax Number:
 * Email:

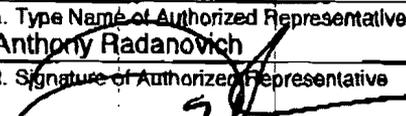
* Signature of Authorized Representative

* Date Signed



20. Pre-application

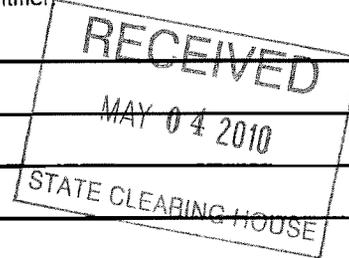
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/03/2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Rural Media Arts and Education Project		Organizational Unit: DUNS# 118 248 900	
Address (give city, county, State, and zip code): 4994 6th Street PO Box 898 Mariposa, CA 95338		Name and telephone number of person to be contacted on matters involving this application (give area code) Anthony Radanovich 209-742-6666	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31-1736950		7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>501c3 Nonprofit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Interior renovation of the historic Masonic Lodge	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Mariposa		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: CA 019		15. ESTIMATED FUNDING:	
Start Date 11/01/10	Ending Date 06/01/11	a. Applicant CA 019	b. Project CA 019
a. Federal	\$	199,000	
b. Applicant	\$		
c. State	\$	350,000	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	549,000.	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Anthony Radanovich		b. Title Board Vice President	c. Telephone Number 209-742-6666
d. Signature of Authorized Representative 		e. Date Signed 05/03/10	

RECEIVED
MAY 04 2010

STATE CLEARING HOUSE

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation	*Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier: B-10-MC-06-0602		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Perris		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000761		*c. Organizational DUNS: 004949418
d. Address:		
*Street 1:	101 N. "D" Street	
Street 2:	_____	
*City:	Perris	
County:	Riverside	
*State:	CA	
Province:	_____	
*Country:	U.S.A	
*Zip / Postal Code	92570	
e. Organizational Unit:		
Department Name: Redevelopment Agency		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr. _____	*First Name: Michael _____
Middle Name:	_____	
*Last Name:	McDermott	
Suffix:	_____	
Title:	Redevelopment & Economic Development Manager	
Organizational Affiliation:		
*Telephone Number: 951-943-5003 ext. 277		Fax Number: 951-943-3293
*Email: mmcdermott@cityofperris.org		



Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A

ORIGIN, L

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/> <div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED MAY 05 2010</div>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/> <div style="border: 1px solid black; padding: 5px; text-align: center;">STATE CLEARING HOUSE</div>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Irvine Ranch Water District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="952232918"/>		* c. Organizational DUNS: <input type="text" value="059270884"/>
d. Address:		
* Street1: <input type="text" value="15600 Sand Canyon Avenue"/> Street2: <input type="text"/> * City: <input type="text" value="Irvine"/> County: <input type="text" value="Orange"/> * State: <input type="text" value="California"/> Province: <input type="text"/> * Country: <input type="text" value="United States of America"/> * Zip / Postal Code: <input type="text" value="92618"/>		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/> * First Name: <input type="text" value="Eric"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Akiyoshi"/> Suffix: <input type="text"/>		
Title: <input type="text" value="Program Manager"/>		
Organizational Affiliation: <input type="text" value="Irvine Ranch Water District"/>		
* Telephone Number: <input type="text" value="(949) 453-5552"/>		Fax Number: <input type="text" value="(949) 453-0228"/>
* Email: <input type="text" value="akiyoshi@lrwd.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:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

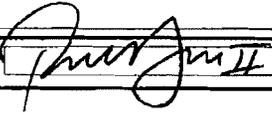
Title:

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

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

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	48	* b. Program/Project 46, 47
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	05/11/2010	* b. End Date: 08/31/2011
18. Estimated Funding (\$):		
* a. Federal	1,000,000.00	
* b. Applicant	6,076,122.00	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	7,076,122.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/03/2010 .		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	Mr.	* First Name: Paul
Middle Name:	D.	
* Last Name:	Jones	
Suffix:	II	
* Title:	General Manager	
* Telephone Number:	(949) 453-5300	Fax Number: (949) 453-0228
* Email:	jones@irwd.com	
* Signature of Authorized Representative:		* Date Signed: 05/04/2010

Authorized for Local Reproduction

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

ORIGINAL

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Irvine Ranch Water District

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2232918

*c. Organizational DUNS:
059270884

d. Address:

*Street 1: 15600 Sand Canyon Avenue

Street 2: _____

*City: Irvine

County: Orange

*State: CA

Province: _____

*Country: United States

*Zip / Postal Code 92618

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: Paul

Middle Name: _____

*Last Name: Weghorst

Suffix: _____

Title:

Organizational Affiliation:
Principal Water Resources Manager

*Telephone Number: 949-453-5632

Fax Number: 949-453-0228

*Email: weghorst@irwd.com

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507 _____

CFDA Title:
_____***12 Funding Opportunity Number:**

R10SF80157 _____

*Title:

WaterSMART: Water and Energy Efficiency Grants for FY2010 _____

13. Competition Identification Number:
_____Title:
_____**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Areas affected by the project include Kings County, Kern County, Orange County and the cities of Irvine, Newport Beach, Orange, Tustin, Lake Forest

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

Jackson Ranch Water Transfer Project

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, CA-022, CA-020

17. Proposed Project:
*a. Start Date: February 2010 *b. End Date: September 2012

18. Estimated Funding (\$):

*a. Federal	1,000,000
*b. Applicant	13,591,655
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	14,591,655

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on 5/4/10
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

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

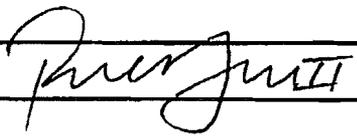
Authorized Representative:

Prefix: Mr. *First Name: Paul
 Middle Name: Dexter
 *Last Name: Jones
 Suffix: II

*Title: General Manager

*Telephone Number: 949-453-5310 Fax Number: 949-453-1228

* Email: jones@irwd.com

*Signature of Authorized Representative:  *Date Signed: 5/3/10

APPLICATION FOR
FEDERAL ASSISTANCE

		2. DATE SUBMITTED 5/4/2010	Applicant Identifier	
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY 5/4/2010	Federal Identifier	
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name: County of Butte		Organizational Unit: Department: Information Systems		
Organizational DUNS: 832891658		Division: Communications		
Address: Street: 308 Nelson Ave		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oroville		Prefix: 530		
County: Butte		First Name: Weedonette (Weedy)		
State: CA		Middle Name Pomaikai		
Zip Code 95965		Last Name Hannibal		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000506		Email: whannibal@gmail.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types)		Fax Number (give area code) (530) 538-6419
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		B. County		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA		
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Oaks radio site, vault and tower acquisition and renovation.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oroville, Gridley, Blggs and Butte County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Congressional Districts 2 & 4		
13. PROPOSED PROJECT Start Date: 7/1/2010		b. Project Congressional Districts 2 & 4		
Ending Date: 6/30/2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
15. ESTIMATED FUNDING:		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
a. Federal	\$ 100,000 ⁰⁰	DATE:		
b. Applicant	\$ 354,807 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ ⁰⁰			
g. TOTAL	\$ 454,807 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix 530		First Name Weedonette		Middle Name Pomaikai
Last Name Hannibal		Suffix		
b. Title Manager Telecommunications		c. Telephone Number (give area code) (530) 538-7101		
d. Signature of Authorized Representative <i>Weedonette Hannibal</i>		e. Date Signed 5/4/2010		

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Mattole Restoration Council

*b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0037149

*c. Organizational DUNS:
049500502

d. Address:

*Street 1: PO Box 160
Street 2: _____
*City: Petrolia
County: Humboldt
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 95558

e. Organizational Unit:

Department Name:
Wild & Working Lands Program

Division Name:

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

Prefix: _____ *First Name: Seth
Middle Name: _____
*Last Name: Zuckerman
Suffix: _____

Title: Wild & Working Lands Program Director

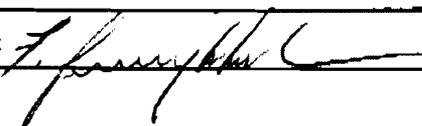
Organizational Affiliation:

*Telephone Number: 707 629-3514

Fax Number: 707 629-3577

*Email: seth@mattole.org

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: USDA Forest Service	
11. Catalog of Federal Domestic Assistance Number: 10.680 CFDA Title: Forest Health Protection	
*12 Funding Opportunity Number: *Title:	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Mattole Watershed, Humboldt County, particularly near towns of Whitethorn and Ettersburg	
*15. Descriptive Title of Applicant's Project: Mattole Sudden Oak Death Detection and Control Project	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 1	*b. Program/Project: 1	
17. Proposed Project:		
*a. Start Date: 7/1/2010	*b. End Date: 6/30/2011	
18. Estimated Funding (\$):		
*a. Federal	21,281	
*b. Applicant		
*c. State	14,998	
*d. Local	6,305	
*e. Other		
*f. Program Income		
*g. TOTAL	42,584	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: F. _____	
Middle Name: <u>Jeremy</u>		
*Last Name: <u>Wheeler</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: 707 629-3514	Fax Number: 707 629-3577	
* Email: jeremy@mattole.org		
*Signature of Authorized Representative: 	*Date Signed: 5/5/10	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: Recovery Act - CCFRPP
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: NA09NMF4630324
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAY 05 2010 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: California Conservation Corps		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0298653		* c. Organizational DUNS: 808322127
d. Address:		
* Street1: 1500 Alamar Way		
Street2: <input type="text"/>		
* City: Fortuna		
County: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95540		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Michelle	
Middle Name: <input type="text"/>		
* Last Name: Rankin		
Suffix: <input type="text"/>		
Title: Center Director		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 707-725-5106 ext 260		Fax Number: 707-725-1748
* Email: michelle.rankin@ccc.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:**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:****CFDA Title:***** 12. Funding Opportunity Number:***** Title:****13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):***** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

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.		
NOAA grant attachment 1.doc	Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	06/01/2010	* b. End Date: 06/30/2011
18. Estimated Funding (\$):		
* a. Federal	103,272.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	103,272.00	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:		* First Name: Michelle
Middle Name:		
* Last Name:	Rankin	
Suffix:		
* Title:	Center Director	
* Telephone Number:	707-725-5106 ext. 260	Fax Number: 707-725-1748
* Email:	michelle.rankin@ccc.ca.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: 08-432	RECEIVED MAY 06 2010 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: California Air Resources Board			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069	* c. Organizational DUNS: 828321871		
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: California Air Resources Board	Division Name: 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			

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$648,261.00"/>
* b. Applicant	<input type="text" value="\$432,174.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$1,080,435.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: *Marie Stephans* * Date Signed: *1-7-2010*

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/8/2010	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		65-9104-9-702

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Northwest California Resource Conservation & Development Council		Department:	
Organizational DUNS: 136 722 910		Division:	
Address: Street: P. O. Box 2183 #3 Horseshoe Lane City: Weaverville County: Trinity State: California		RECEIVED MAY 06 2010 STATE CLEARING HOUSE	
Zip Code: 96093-2183			
Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code)	
		Prefix: Mr.	First Name: Patrick
		Middle Name	
		Last Name Truman	
		Suffix:	
		Email: truman@jeffnet.org	
		Phone Number (give area code) 530-623-2009 Ext. 3	Fax Number (give area code) 530-623-2353

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0396859		7. TYPE OF APPLICANT: (See back of form for Application Types)	
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		O. Not for profit organization	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Accelerate Implementation of Farm Bill Program		9. NAME OF FEDERAL AGENCY: NRCS/USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Trinity County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Accelerate implementation of Farm Bill Program	

13. PROPOSED PROJECT Start Date: 6/1/10 Ending Date: 6/1/11		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second b. Project Second	
--	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 25,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/6/2010	
b. Applicant	\$ 2,500 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 27,500 ⁰⁰		

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

a. Authorized Representative		
Prefix Mr.	First Name Patrick	Middle Name
Last Name Truman		Suffix
b. Title Council Representative		c. Telephone Number (give area code) 530-623-2009 Ext. 3
d. Signature of Authorized Representative		e. Date Signed 5/6/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/06/2010	Applicant Identifier CA-95-X138
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier CA-95-X138	
Legal Name: Foothill Transit	Organizational Unit: Department: Finance		Division:
Organizational DUNS: 913642124	Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 100 S. Vincent Avenue, Suite 200	Prefix: Mr.		First Name: Gil
City: West Covina	Middle Name		
County: Los Angeles	Last Name Victorio		
State: CA	Zip Code 91791	Suffix: NA	
Country: USA	Email: gvicorio@foothilltransit.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 915-4688218		Phone Number (give area code) (626) 931-7227	Fax Number (give area code) (626) 931-7327
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CMAQ		9. NAME OF FEDERAL AGENCY: Federal Transit Authority	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ExpressLanes - Operating Assistance	
13. PROPOSED PROJECT Start Date: 04/01/2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,29,32,38 & 42	
Ending Date: 12/31/2011		b. Project Same	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	3,200,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/06/2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$		
c. State	\$		
d. Local	\$	400,000	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	3,600,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name: Gil		Middle Name
Last Name: Victorio	Suffix		
b. Title: Finance Manager		c. Telephone Number (give area code) (626) 931-7227	
d. Signature of Authorized Representative		e. Date Signed 05/06/2010	

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

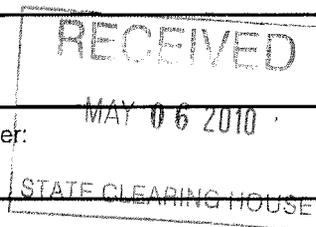
*Other (Specify) _____

3. Date Received:

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: Wasco Affordable Housing, Inc.

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

91-2164162

*c. Organizational DUNS:

021059779

d. Address:

*Street 1: 1406 7th Street

Street 2: PO Box 625

*City: Wasco

County: Kern

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code: 93280

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: Patrick

Middle Name: _____

*Last Name: Newman

Suffix: _____

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 661-758-0566

Fax Number: 661-758-0555

*Email: ewascoaffordabl@bak.rr.com

Application for Federal Assistance SF-424

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.415

CFDA Title:

Rural Rental Housing Loans - USDA/RD

***12 Funding Opportunity Number:**

Section 515 of Housing Act of 1949

*Title:

Section 515 Rural Rental Housing Program

13. Competition Identification Number:

Title:

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

City of Wasco, County of Kern, State of California

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

Our proposed senior project will be a new 42 unit construction one and two bedroom rental housing development located in Wasco, CA. The 42 unit senior project wil consist of 8 two bedroom, one bath units of approximately 881 square feet and 34 one bedroom, one bath units of approximately 646 square feet. The units will be configured in one story bulding of 6 duplex buildings, two three - plex buldings, six four plex, and one 2,431 square foot community building. Each unit will include air conditioning, refrigerator, gas stove, hood, washer/dryers, garbage diposal, patio, and tankless water heaters. Project amenities include management office, community room with fully functional kitchen, and office space and meeting rooms for provision of services.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 20th

*b. Program/Project: 20th

17. Proposed Project:

*a. Start Date: June 2011

*b. End Date: June 2012

18. Estimated Funding (\$):

*a. Federal	<u>1,000,000.00</u>	USDA 515 PROGRAM
*b. Applicant	<u>400,000.00</u>	WAHI EQUITY
*c. State	<u>4,000,000.00</u>	CITY OF WASCO - HOME PROGRAM
*d. Local	<u>1,763,402.00</u>	TAX CREDIT EQUITY
*e. Other		
*f. Program Income	<u>991,850.00</u>	DEFERRED DEVELOPER FEE \$141,850/BANK LOAN \$850,000
*g. TOTAL	<u>8,155,252.00</u>	

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/6/2010
- 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

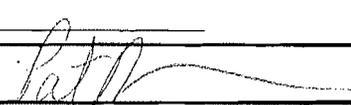
Authorized Representative:

Prefix: _____ *First Name: Patrick Newman

Middle Name: _____

*Last Name: Newman

Suffix: _____

*Title: Executive Director 

*Telephone Number: 661-758-0566

Fax Number: 661-758-0555

* Email: ewascoaffordabl@bak.rr.com

*Signature of Authorized Representative: .

*Date Signed: 5/6/2010

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)
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Wasco Affordable Housing, Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2164162		*c. Organizational DUNS: 021059779
d. Address:		
*Street 1:	<u>1406 7th Street</u>	
Street 2:	<u>PO Box 625</u>	
*City:	<u>Wasco</u>	
County:	<u>Kern</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>93280</u>	
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Patrick</u>	
Middle Name: _____		
*Last Name: <u>Newman</u>		
Suffix: _____		
Title:	<u>Executive Director</u>	
Organizational Affiliation:		
*Telephone Number: 661-758-0566		Fax Number: 661-758-0555
*Email: <u>ewascoaffordabl@bak.rr.com</u>		

RECEIVED

MAY 06 2010

Application for Federal Assistance SF-424	Version 02
<p>*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: NGMS Agency</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 10.415</p> <p>CFDA Title: Rural Rental Housing Loans - USDA/RD</p>	
<p>*12 Funding Opportunity Number: Section 515 of Housing Act of 1949</p> <p>*Title: Section 515 Rural Rental Housing Program</p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): City of Wasco, County of Kern, State of California</p>	
<p>*15. Descriptive Title of Applicant's Project:</p> <p>Our proposed senior project will be a new 42 unit construction one and two bedroom rental housing development located in Wasco, CA. The 42 unit senior project wil consist of 8 two bedroom, one bath units of approximately 881 square feet and 34 one bedroom, one bath units of approximately 646 square feet. The units will be configured in one story building of 6 duplex buildings, two three - plex buldings, six four plex, and one 2,431 square foot community building. Each unit will include air conditioning, refrigerator, gas stove, hood, washer/dryers, garbage diposal, patio, and tankless water heaters. Project amenities include management office, community room with fully functional kitchen, and office space and meeting rooms for provision of services.</p>	

--

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 20th	*b. Program/Project: 20th	
17. Proposed Project:		
*a. Start Date: June 2011	*b. End Date: June 2012	
18. Estimated Funding (\$):		
*a. Federal	<u>1,000,000.00</u>	USDA 515 PROGRAM
*b. Applicant	<u>400,000.00</u>	WAHI EQUITY
*c. State	<u>4,000,000.00</u>	CITY OF WASCO - HOME PROGRAM
*d. Local	<u>1,763,402.00</u>	TAX CREDIT EQUITY
*e. Other	<u>991,850.00</u>	DEFERRED DEVELOPER FEE \$141,850/BANK LOAN \$850,000
*f. Program Income	<u>8,155,252.00</u>	
*g. TOTAL		
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/6/2010</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Patrick Newman</u>	
Middle Name: _____		
*Last Name: <u>Newman</u>		
Suffix: _____		
*Title: <u>Executive Director</u>		
*Telephone Number: 661-758-0566	Fax Number: 661-758-0555	
* Email: ewascoaffordabl@bak.rr.com		
*Signature of Authorized Representative:		*Date Signed: 5/6/2010

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

City of San Clemente

5a. Federal Entity Identifier:

95-6000775

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

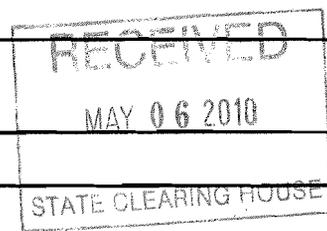
*a. Legal Name: City of San Clemente

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

95-6000775

*c. Organizational DUNS:

066162447



d. Address:

*Street 1: 910 Calle Negocio

Street 2: _____

*City: San Clemente

County: Orange

*State: California

Province: _____

*Country: _____

*Zip / Postal Code 92673

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Engineering

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

Prefix: Mr. *First Name: David

Middle Name: _____

*Last Name: Rebensdorf

Suffix: _____

Title: Assistant City Engineer

Organizational Affiliation:

Assistant City Engineer

*Telephone Number: 949-361-6130

Fax Number: 949-361-8316

*Email: rebensdorfd@san-clemente.org

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 the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

***12 Funding Opportunity Number:**

R10SF80157

*Title:

WaterSMART: Water and Energy Efficiency Grants for 2010

13. Competition Identification Number:

Title:

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

City of San Clemente

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

Recycled Water System Expansion, Water Reclamation Plant (WRP) Expansion: Expansion of the City's Water Reclamation Plant (WRP) treatment capacity from 2.2 mgd to 5.0 mgd to provide for conversion of potable water irrigation to recycled water for parks, medians, slopes and a golf course. This would increase the annual average recycled water use by 959 acre-feet.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: 44 *b. Program/Project: 44

17. Proposed Project:
*a. Start Date: January, 2010 *b. End Date: August 2012

18. Estimated Funding (\$):

*a. Federal	1,000,000
*b. Applicant	3,375,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	4,375,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on 5/4/2010
 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

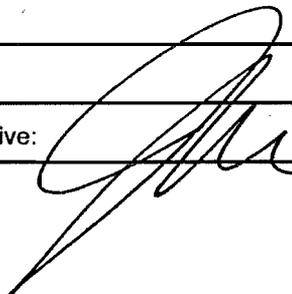
Authorized Representative:

Prefix: Mr. *First Name: Jim
Middle Name: _____
*Last Name: Dahl
Suffix: _____

*Title: City Mayor

*Telephone Number: 949-361-8322 Fax Number: 949-361-8283

* Email: dahlj@san-clemente.org

*Signature of Authorized Representative:  James S. Dahl *Date Signed: 5/3/2010

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

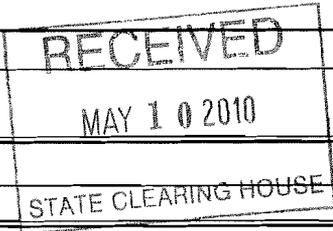
		2. DATE SUBMITTED 05-03-10	Applicant Identifier		
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier		
	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: City of Lindsay		Organizational Unit: Department: n/a			
Organizational DUNS: 004953261		Division:			
Address: Street: 251 E. Honolulu City: Tulare		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 10 2010 </div>			
State: Tulare				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Scot Middle Name: B Last Name: Townsend	
Country: USA				Suffix:	
Zip Code: 93247		STATE CLEARING HOUSE			
Email: scotbtownsend@lindsay.ca.us					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357		Phone Number (give area code): 559-562-7103	Fax Number (give area code): 559-562-7100		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) municipal Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		9. NAME OF FEDERAL AGENCY:			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay/Tulare County/California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McDermont Library Learning Center			
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21 b. Project: 21			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal USDA	\$ 70,180.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:			
b. Applicant after school program funds	\$ 57,420.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 127,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr	First Name: Scot	Middle Name: B			
Last Name: Townsend		Suffix:			
b. Title: City Manager		c. Telephone Number (give area code): 559-562-7103			
d. Signature of Authorized Representative		e. Date Signed: 05-03-10			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>	* 1.b. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other * Other (specify) One Time	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	* 2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:
		3. Applicant Identifier: SCED, Inc.	5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>		
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/>				

7. APPLICANT INFORMATION:

* a. Legal Name: Superior California Economic Development, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0328218	* c. Organizational DUNS: 0648227780000
d. Address:	
* Street1: 499 Hemsted Drive, Suite A	Street2: <input type="text"/>
* City: Redding	County: Shasta
* State: CA: California	Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: 96002



e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Mr.	* First Name: Robert	Middle Name: <input type="text"/>
* Last Name: Nash	Suffix: <input type="text"/>	
Title: Executive Officer		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 530-225-2760	Fax Number: 530-225-2769	
* Email: bnash@scedd.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

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

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

U.S. Department of Agriculture Rural Development

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

USDA Rural Business Enterprise Grant

11. Areas Affected by Funding:

Tehama County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

Second

b. Program/Project:

Second

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

07/01/2010

b. End Date:

unlimited

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

54,500.00

b. Match (\$):

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission 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 State for review.

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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 218, Section 1001)

** I Agree

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

Authorized Representative:

Prefix:

Mr.

* First Name:

Robert

Middle Name:

* Last Name:

Nash

Suffix:

* Title:

Executive Officer

Organizational Affiliation:

* Telephone Number:

530-225-2760

* Fax Number:

530-225-2769

* Email:

bnash@scedd.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.



* Date Signed:

Completed by Grants.gov upon submission.

4-29-10

Attach supporting documents as specified in agency instructions.

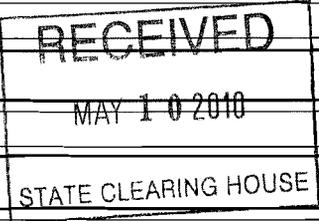
Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 05/04/2010	4. Applicant Identifier: <input type="text"/>
--	---

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



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: North San Joaquin Water Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680460693	* c. Organizational DUNS: 117894498
---	---

d. Address:

* Street1: 221 West Pine Street
Street2: <input type="text"/>
* City: Lodi
County: San Joaquin
* State: CA: California
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 95240-2019

e. Organizational Unit:

Department Name: Water District - Public Entity	Division Name: <input type="text"/>
---	---

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

Prefix: Mr.	* First Name: Ali
Middle Name: <input type="text"/>	
* Last Name: ElHassan	
Suffix: <input type="text"/>	
Title: Sr. Water Resources Engineer	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: 916 235-7549	Fax Number: 916 714-1804
* Email: ali@robertson-bryan.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Water Conservation District

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

Bureau of Reclamation, Denver Office

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

Water 2025

*** 12. Funding Opportunity Number:**

R10SF80157

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY2010

13. Competition Identification Number:

Title:

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

San Joaquin County, California

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

Tracy Lake Groundwater Recharge Project: Divert NSJWCD Mokelumne River water to Tracy Lake and replace groundwater pumping with the diverted water.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="422,500.00"/>
* b. Applicant	<input type="text" value="422,500.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="845,000.00"/>

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

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

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

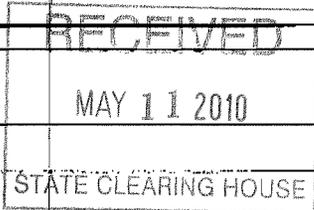
* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-10-2010	Applicant Identifier FTA Recipient ID# 1658
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

Legal Name: Sacramento Area Council of Governments		Organizational Unit: Department:	
Organizational DUNS: 555895705		Division:	
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Barbara	
City: Sacramento		Middle Name Jane Evans	
County: Sacramento		Last Name VaughanBechtold	
State: California	Zip Code 95814	Suffix:	
Country: USA		Email: bvaughanbechtold@sacog.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0153162		Phone Number (give area code) 916-321-9000	Fax Number (give area code) 916-321-9551
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Job Access Reverse Commute (JARC) 20-516		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)	

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2008 JARC projects	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties	

13. PROPOSED PROJECT Start Date: 10-1-2008 Ending Date: 6-30-2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5 b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 840,084.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-10-10	
b. Applicant	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local Subrecipients	\$ 814,880.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 1,654,964.00		

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

a. Authorized Representative		
Prefix	First Name David	Middle Name
Last Name Ghiorso		Suffix
b. Title Interim Director of Finance		c. Telephone Number (give area code) 916-321-9000
d. Signature of Authorized Representative 		e. Date Signed 5/11/10

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: ISOT Inc.		Organizational Unit: Department: DBA Canby Family Practice Clinic	
Organizational DUNS: 09-690-3570		Division:	
Address: Street: 670 County Rd 83		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Canby		Prefix: Mrs	First Name: Greta
County: Modoc		Middle Name	
State: CA		Last Name Elliott	
Zip Code: 96015	Suffix:		
Country: United States		Email: gjelliott@canbyclinic.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7058078		Phone Number (give area code) 5302334641	Fax Number (give area code) 5302334140
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CFPC Electronic Health Records (EHR) Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Modoc County, CA, including cities of Alturas and Canby		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Congressional District 4, California b. Project Congressional District 4, California	
13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 02/02/2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 11, 2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 75,000.00		
b. Applicant	\$ 25,000.00		
c. State	\$ 0.00		
d. Local	\$ 0.00		
e. Other	\$ 0.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 100,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mrs	First Name Greta	Middle Name	
Last Name Elliott		Suffix	
b. Title Administrator		c. Telephone Number (give area code) 5302334641	
d. Signature of Authorized Representative <i>Greta Elliott</i>		e. Date Signed May 11, 2010	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/11/2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: MARSHALL MEDICAL CENTER		Organizational Unit: Department: FISCAL SUPPORT	
Organizational DUNS: 067805069		Division: BUSINESS SERVICES	
Address: Street: 1100 MARSHALL WAY		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: PLACERVILLE		Prefix: MR.	First Name: WILLIAM
County: EL DORADO		Middle Name: THOMPSON	
State: CA		Last Name: ABRAHAM	
Zip Code: 95667	Suffix: JR.		
Country: UNITED STATES OF AMERICA		Email: tabraham@marshallmedical.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1450151		Phone Number (give area code) (530) 344-5429	Fax Number (give area code) (530) 344-5424
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: US DEPT OF AGRICULTURE, RURAL DEVELOPMENT, CALIFORNIA	
TITLE (Name of Program): COMMUNITY FACILITIES LOANS AND GRANTS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MEDICAL EQUIPMENT TO FURNISH A NEW EMERGENCY ROOM, MATERNITY, AND DIAGNOSTIC IMAGING. EQUIPMENT WILL BE AN INTEGRAL PART OF A NEW FOUR-STORY ADDITION TO A HOSPITAL WHOSE MAJORITY OF PATIENTS ARE IN GOVERNMENT FUNDED PROGRAMS, INCLUDING MEDICAL AND MEDICARE.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF PLACERVILLE AND THE MAJORITY OF EL DORADO COUNTY		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 4TH DISTRICT b. Project CA 4TH DISTRICT	
13. PROPOSED PROJECT Start Date: JUNE 2010 Ending Date: DECEMBER 2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/11/2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 3,000,000 ⁰⁰		
b. Applicant	\$ 100,209 ⁰⁰		
c. State	\$ 0 ⁰⁰		
d. Local	\$ 0 ⁰⁰		
e. Other	\$ 0 ⁰⁰		
f. Program Income:	\$ 0 ⁰⁰		
g. TOTAL	\$ 3,100,209 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS.	First Name LAURIE	Middle Name ELIZABETH	
Last Name ELDRIDGE		Suffix	
b. Title CHIEF FINANCIAL OFFICER		c. Telephone Number (give area code) (530) 626-2780	
d. Signature of Authorized Representative <i>Laurie Eldridge</i>		e. Date Signed 5/11/2010	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 30, 2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Mokelumne Hill Fire Protection District	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAY 11 2010</p> <p style="font-size: 12px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department:
Organizational DUNS: 004956801		Division:
Address: Street: 8160 Church Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Chief First Name: Edward
City: Mokelumne Hill		Middle Name
County: Calaveras	Last Name Cavalli	
State: California Zip Code 95245	Suffix: Jr.	
Country: USA	Email: chief@makehillfire.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-3262837

Phone Number (give area code) (209) 286-1389	Fax Number (give area code) (209) 286-1675
--	--

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-766

TITLE (Name of Program):
 Community Facilities Loans and Grants Program

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

Mokelumne Hill community; Calaveras County and State of California

13. PROPOSED PROJECT

Start Date: MAY 1st 2010 Ending Date:

9. NAME OF FEDERAL AGENCY:

USDA, Rural Housing Service, Community Facilities Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase of a new wildland/urban interface (Type III) fire fighting engine.

15. ESTIMATED FUNDING:

a. Federal USDA CF Grant	\$	73,500 ⁰⁰
b. Applicant Mokelumne Hill FPD	\$	90,000 ⁰⁰
c. State	\$.00 ⁰⁰
d. Local	\$.00 ⁰⁰
e. Other FMLC	\$	136,500 ⁰⁰
f. Program Income	\$.00 ⁰⁰
g. TOTAL	\$	300,000 ⁰⁰

14. CONGRESSIONAL DISTRICTS OF: 3rd

a. Applicant Moke Hill F.P.D. b. Project NEW Fire Eng Purchase

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

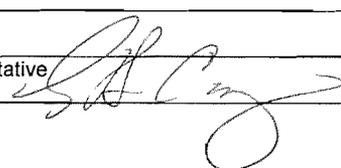
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

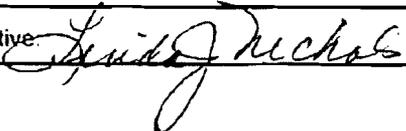
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Chief Edward	First Name Edward	Middle Name
Last Name Cavalli	Suffix Jr.	c. Telephone Number (give area code) (209) 286-1389
b. Title Fire Chief	d. Signature of Authorized Representative 	e. Date Signed April 30, 2010

Application for Federal Assistance SF-424		Version 02			
<table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> *1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width: 33%; vertical-align: top;"> *2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision </td> <td style="width: 33%;"></td> </tr> </table>			*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision	
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision				
3. Date Received:		4. Applicant Identifier:			
5a. Federal Entity Identifier: CA048		*5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 11 2010 STATE CLEARING HOUSE </div>			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
*a. Legal Name: Consolidated Area Housing Authority of Sutter County					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003474		*c. Organizational DUNS: 621882174			
d. Address:					
*Street 1:	<u>448 Garden Highway</u>				
Street 2:	_____				
*City:	<u>Yuba City</u>				
County:	<u>Sutter</u>				
*State:	<u>CA</u>				
Province:	_____				
*Country:	<u>U.S.A.</u>				
*Zip / Postal Code	<u>95991</u>				
e. Organizational Unit:					
Department Name: N/A		Division Name:			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____	*First Name: <u>Linda</u>				
Middle Name: _____					
*Last Name: <u>Nichols</u>					
Suffix: _____					
Title:	<u>Executive Director</u>				
Organizational Affiliation:					
*Telephone Number: (530) 671-0220 x 119		Fax Number: (530) 673-1194			
*Email: <u>l.nichols@cahasc.org</u>					

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: L. Public/Indian Housing Authority Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: Rural Housing Service, USDA	
11. Catalog of Federal Domestic Assistance Number: 10.415 _____ CFDA Title: Rural Rental Housing Loans _____	
*12 Funding Opportunity Number: 10.415 _____ *Title: Rural Rental Housing Loans _____	
13. Competition Identification Number: n/a _____ Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): Live Oak, Sutter County	
*15. Descriptive Title of Applicant's Project: Maple Park, 56 unit Family Apartment Complex --Application for RD 515 funds of \$1,000,000.	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-002		*b. Program/Project: CA-002
17. Proposed Project:		
*a. Start Date: 4/2012		*b. End Date: 4/2013
18. Estimated Funding (\$):		
*a. Federal	1,000,000	
*b. Applicant		
*c. State	2,800,000	
*d. Local	13,084,475	
*e. Other		
*f. Program Income		
*g. TOTAL	16,884,475	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Linda</u>	
Middle Name: _____		
*Last Name: <u>Nichols</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: (530) 671-0220, ext. 119		Fax Number: (530) 673-1194
* Email: l.nichols@cahasc.org		
*Signature of Authorized Representative: 		*Date Signed: 5/11/2010

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED May 12, 2010	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY May 2009	Federal Identifier R09AP20R23	
5. APPLICANT INFORMATION					
Legal Name: El Dorado Irrigation District			Organizational Unit: Department: Finance		
Organizational DUNS: 04-894-8420			Division: Customer and Development Services		
Address: Street: 2890 Mosquito Road			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Placerville			Prefix:	First Name: James	
County: El Dorado County			Middle Name Carlton		
State: California			Last Name Pritchard		
Zip Code 95867			Suffix:		
Country: USA			Email: jpritchard@eid.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036480			Phone Number (give area code) 530-642-4024		Fax Number (give area code) 530-642-4324
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Water Disposal Loans and Grants 10-77D			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kyburz, El Dorado County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Strawberry area water meter installation and fixed base network for meter reading and leak detection. Please see attachments.		
13. PROPOSED PROJECT Start Date: June 1, 2010			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Fourth Congressional District		
Ending Date: September 30, 2010			b. Project Fourth Congressional District		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USBR	\$	175,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-12-2010		
b. Applicant El Dorado Irrigation District	\$	53,870 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other USDA	\$	121,130 ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	350,000 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix	First Name James		Middle Name Carlton		
Last Name Pritchard		Suffix			
b. Title Meter Services Supervisor		c. Telephone Number (give area code) 530-642-4024			
d. Signature of Authorized Representative <i>James C. Pritchard</i>		a. Date Signed May 12, 2010			

Application for Federal Assistance

1. Type of Submission Application Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted 27-Apr-10	3. Applicant Identifier
		3. Date received State	State Application Identifier
		4. Date received by Federal Agency:	Federal Identifier

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address (give city, county, state, and zip)
**1250 San Carlos Avenue
San Carlos, San Mateo County, CA 94070**

Name and telephone of contact person (give area code)
Joel Slavitt, (650) 508-6476

6. Employer Identification Number (EIN): **9 4 3152903**

7. Type of Applicant (enter appropriate letter in box) **G**

8. Type of Application

new continuation Revision

If revision, enter appropriate letter(s) in boxes:

A. Increased Award B. Decreased Award
C. Increase Duration D. Decrease Duration
Other (specify): **Shift in funding between line items**

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

10. Catalog of federal domestic assistance number: **20507**

9. Name of federal Agency: **Federal Transit Administration**

12. Areas affected by project: **San Francisco, San Mateo and Santa Clara Counties**

11. Descriptive title of applicant project:
**CA-96-X022-02
FY 2009 ARRA Section 5307 amended grant application
Track & Infrastructure Rehabilitation
Replacement of Operations Control Center System
Bicycle Racks on Trains
Operating Assistance**

13. Proposed Project
Start Date: **4/1/2009** End Date: **12/31/2011**

15. Estimated Funding

a. Federal	\$11,962,776
b. Applicant	
c. State	
d. Local	
f. Program Income	
e. Other	
g. TOTAL	\$11,962,776

14. Congressional Districts of:
a. Applicant **8, 12, 13, 14, 15 & 16** B. Project **8, 12, 13, 14, 15 & 16**

16. Is application subject to review by state executive 12372 process? **Yes**

a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: **7-May-10**

b. No Program is not covered by E.). 12372 or or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
 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 assistance is awarded.

a. Typed Name of Authorized Representative **Michael J. Scanlon**

b. Title **Executive Director**

c. Telephone Number: **(650) 508-6221**

d. Signature of Authorized representative *Michael J. Scanlon*

e. Date Signed **5/8/2010**

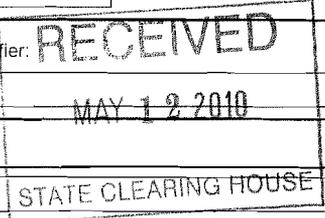
Application for Federal Assistance SF-424

Version 02

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

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

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



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State University Long Beach Foundation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6106694	* c. Organizational DUNS: 006199129

d. Address:

* Street1: 6300 State University Drive
Street2: _____
* City: Long Beach
County: Los Angeles
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 90815-4670

e. Organizational Unit:

Department Name: Geological Sciences	Division Name: CNSM
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.	* First Name: Denise
Middle Name: _____	
* Last Name: Bell	
Suffix: _____	
Title: Director, Grants and Contracts	

Organizational Affiliation: California State University Long Beach Foundation

* Telephone Number: (562) 985-7639	Fax Number: (562) 985-7951
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* Email: dsmith4@csulb.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

* Other (specify):

Non-Profit Inst. of Higher Ed.

* 10. Name of Federal Agency:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

* 12. Funding Opportunity Number:

11HQPA0001

* Title:

Earthquake Hazards Reduction Program

13. Competition Identification Number:

11HQPA0001

Title:

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

Long Beach, San Diego, San Bernardino, Riverside

* 15. Descriptive Title of Applicant's Project:

Development of a Holocene Earthquake Record for the Northern San Jacinto Fault Zone From a New Paleoseismic Site at Mystic Lake: Collaborative Research with CSULB, SDSU, and CSUSB.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="65,847.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="65,847.00"/>

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
*3. Date Received: Completed by Grants.gov <input checked="" type="checkbox"/>		*If Revision, select appropriate letter(s): * Other (Specify)
4. Application Identifier: N/A		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 12 2010 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: N/A		
5b. Federal Award Identifier:		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name:		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325102		*c. Organizational DUNS: 80321891
d. Address:		
*Street1: 1001 I Street Street 2: *City: Sacramento County: *State: California Province: Country: USA		
		*Zip/ Postal Code: 95814
e. Organizational Unit:		
Department Name: Department of Pesticide Regulation		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. Middle Name: *Last Name: McCarty Suffix:		First Name: David
Title: Staff Services Manager I		
Organizational Affiliation:		
*Telephone Number: (916) 323-4995		Fax Number: (916) 445-4149
*Email: dmccarty@cdpr.ca.gov		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

N/A

Title:

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

*15. Descriptive Title of Applicant's Project:

Consolidated Cooperative Agreement

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:
*a. Applicant **State of California** *b. Program/Project:

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

17. Proposed Project:
*a. Start Date: **7/1/10** *b. End Date: **6/30/13**

18. Estimated Funding (\$):

*a. Federal	\$3,492,150.00	*d. Local	
*b. Applicant	\$1,072,152.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$4,564,302.00

*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 **5/11/2010**
 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

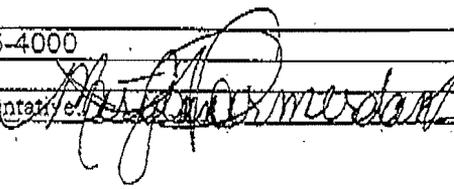
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept 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: **Mary-Ann**
 Middle Name:
 *Last Name: **Warmerdam**
 Suffix:

*Title: **Director**

*Telephone Number: (916) 445-4000 Fax Number: (916) 324-1452

*Email:

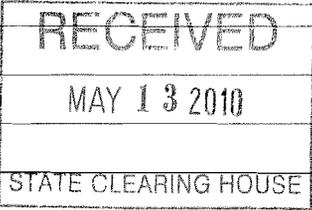
*Signature of Authorized Representative:  Date Signed: **May 10, 2010**

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/13/10	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: ENTRIX, Inc.	Organizational Unit: Department:
Organizational DUNS: 82-741-3113	Division:
Address: Street: 701 University Ave. Suite 200	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Duane
City: Sacramento	Middle Name
County:	Last Name Paul
State: California	Suffix:
Zip Code 95825	Email: dpaul@entrix.com
Country: U.S.A.	



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

76-0265862

Phone Number (give area code) 916-386-3831	Fax Number (give area code) 916-923-6251
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8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

M- Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Fish and Wildlife

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-608

TITLE (Name of Program):
Aquatic Invasive Species Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Economic Analysis for a Dedicated California Aquatic Invasive Species (AIS) Rapid Response Fund

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

13. PROPOSED PROJECT

Start Date: June 1, 2010	Ending Date: March 31, 2011
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14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3
b. Project Districts 1 through 53

15. ESTIMATED FUNDING:

a. Federal	\$	181,893 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	181,893 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: 5/13/10

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

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

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

a. Authorized Representative

Prefix	First Name Richard	Middle Name
Last Name Firth	Suffix	
b. Title Vice President	c. Telephone Number (give area code) 925-935-9920	
d. Signature of Authorized Representative	e. Date Signed	