

Federal Grant Applications

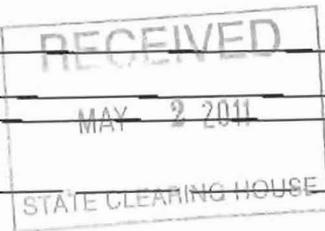
The following are Applications for Federal Assistance received by the State Clearinghouse **May 1 - 15, 2011**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED May 2, 2011	Applicant Identifier Department of Food & Agriculture
		3. DATE RECEIVED BY STATE April 28, 2011	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1201-CA

5. APPLICANT INFORMATION Legal Name: State of California		Organizational Unit: Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name:	
City: Sacramento		First Name: Scott	
County: Sacramento		Last Name: Okimura	
State: California		Suffix:	
Zip Code: 95814		Email: sokimura@cdfa.ca.gov	
Country: United States		Phone Number (give area code): (916) 654-1211	
Fax Number (give area code): (916) 654-0555		Other (specify):	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify):
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025 TITLE (Name of Program): Asian Gypsy Moth Delimitation	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian gypsy moth delimitation in California
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California

13. PROPOSED PROJECT Start Date: May 1, 2011 Ending Date: April 30, 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 35 b. Project Asian Gypsy Moth Delimitation
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15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>218,629.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td></tr> <tr><td>c. State</td><td>\$</td><td>97,875.00</td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>316,504.00</td></tr> </table>	a. Federal	\$	218,629.00	b. Applicant	\$		c. State	\$	97,875.00	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	316,504.00	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 2, 2011 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	\$	218,629.00																				
b. Applicant	\$																					
c. State	\$	97,875.00																				
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$																					
g. TOTAL	\$	316,504.00																				
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	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Manager, Federal Funds Management Unit		c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative		e. Date Signed

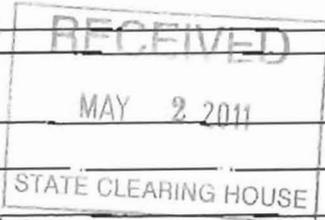
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 2, 2011	Applicant Identifier Dept. of Food & Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE April 29, 2011	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8523-0689-CA

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487865	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scott
City: Sacramento	Middle Name
County: Sacramento	Last Name Okimura
State: California	Suffix:
Zip Code 95814	Email: sokimura@cdfa.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0325104

Phone Number (give area code) (916) 654-1211
Fax Number (give area code) (916) 654-0555

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)

A - State
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA/APHIS/PPO

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-025

TITLE (Name of Program):
Asian Gypsy Moth-High Risk Ports

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Asian gypsy moth high risk port surveys in California

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

State of California

13. PROPOSED PROJECT

Start Date: January 1, 2011
Ending Date: December 31, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District 46
b. Project Asian Gypsy Moth-High Risk Port

16. ESTIMATED FUNDING:

a. Federal	\$	156,083.00
b. Applicant	\$.00
c. State	\$	148,899.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	304,982.00

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

b. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: May 2, 2011
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 Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Unit	c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative	e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 2, 2011	Applicant Identifier Department of Food & Agriculture	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE April 27, 2011	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8523-0651-CA	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
State of California		Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1220 N Street, Room 315		Prefix: First Name: Scott Okimura		
City: Sacramento		Middle Name		
County: Sacramento		Last Name Okimura		
State: California		Suffix:		
Zip Code 95814		Email: sokimura@cdfa.ca.gov		
Country: United States		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		(916) 654-1211		Fax Number (give area code) (916) 654-0555
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
TITLE (Name of Program): NAPIS/Core Project (Infrastructure)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: NAPIS data entry and pest detection (Infrastructure) activities in California		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		14. CONGRESSIONAL DISTRICTS OF:		
13. PROPOSED PROJECT		a. Applicant District 5		
Start Date: January 1, 2011		Ending Date: December 31, 2011		b. Project NAPIS/Core Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 2, 2011		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 71,264.00	<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	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 221,264.00	a. Authorized Representative		
Prefix		First Name Kathy		Middle Name
Last Name Alameda		Suffix		
b. Title Manager, Federal Funds Management Unit		c. Telephone Number (give area code) (916) 651-9888		
d. Signature of Authorized Representative		e. Date Signed		

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Southern California Presbyterian Homes

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

95-1894293

*** c. Organizational DUNS:**

0699253450000

d. Address:

*** Street1:**

516 Burchett Street

Street2:

*** City:**

Glendale

County/Parish:

Los Angeles

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91203-1014

e. Organizational Unit:

Department Name:

Affordable Housing

Division Name:

Corporate Office

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

Prefix:

Ms.

*** First Name:**

Jacqueline

Middle Name:

A.

*** Last Name:**

Seegobin

Suffix:

Title:

Director, Affordable Housing

Organizational Affiliation:

N/A

*** Telephone Number:**

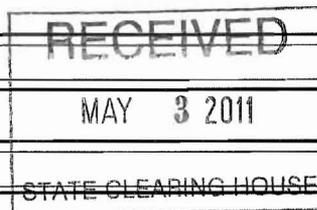
818/ 247-0420

Fax Number:

818/ 247-3871

*** Email:**

jacquelinesseegobin@scphs.com



Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5415-N-38

* Title:

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

S202-38

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Construction and management of a 68 unit affordable housing community for low income seniors in the City of Fresno to be developed under the Section 202 Supportive Housing for the Elderly Program.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant b. Program/Project

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

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="9,537,212.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="1,050,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="10,612,212.00"/>

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

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

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

If "Yes", provide explanation and attach

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

 ** I AGREE

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

Authorized Representative:Prefix: * First Name: Middle Name: * Last Name: Suffix: * Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

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 checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Jefferson Economic Development Institute		Organizational Unit: Department:	
Organizational DUNS: 104982298		Division:	
Address: Street: 403 Berry Street, PO Box 1586 City: Mount Shasta County: Siskiyou County, California State: CA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Middle Name: Last Name: Suffix:	
Zip Code: 96067		Nancy	
Country: USA		Email: nswift@e-jedi.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 1 - 1 7 6 4 8 9 7		Phone Number (give area code) 530-926-6670, x12	Fax Number (give area code) 530-926-6676
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) Nonprofit 501-c-3 Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 1 0 - 7 6 9		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Job Creation Through Online Microenterprise Services	
13. PROPOSED PROJECT Start Date: September 1, 2011 Ending Date: August 31, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2, Wally Herger b. Project District 2, Wally Herger	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 48,510 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	\$ 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	\$ 20,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
d. Local	\$ ⁰⁰		
e. Other	\$ 30,490 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 99,000 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 Nancy	Middle Name T.	
Last Name Swift			Suffix
b. Title Executive Director	c. Telephone Number (give area code) 530-926-6670, x12		
d. Signature of Authorized Representative	e. Date Signed 4-29-11		

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier: *

*5b. Federal Award Identifier: **

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED
MAY - 4 2011
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: WASET, INC.

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

95-4354411

*c. Organizational DUNS:

071412006

d. Address:

*Street 1:

3460 S. BROADWAY

Street 2:

*City:

LOS ANGELES

County:

*State:

CALIFORNIA

Province:

*Country:

U.S.A.

*Zip / Postal Code

e. Organizational Unit:

Department Name:

Department of Housing & Urban Development

Division Name:

MULTIFAMILY HOUSING-SECTION 202

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

Prefix:

Ms.

*First Name:

Noel

Middle Name:

Lynne

*Last Name:

Sweitzer

Suffix:

Title: Housing Consultant

Organizational Affiliation:

Housing Development Services, Inc.

*Telephone Number: (323) 231-1104

Fax Number: 323 232-0094

*Email: hdsimgmt@aol.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:**

U.S. Department of Housing and Urban Development

11 Catalog of Federal Domestic Assistance Number:

14.147

CFDA Title:

Supportive Housing for the Elderly

***12 Funding Opportunity Number:**

5414-N-38

*Title:

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

Title:

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

Gardena; Los Angeles County; State of California

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

Section 202 housing provides for affordable housing for persons 62 years of age and over. Each person living in the project is eligible for Section 8 rental assistance. Section 8 rental assistance is project based under the Section 202 program

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: 35CA *b. Program/Project: 35CA

17. Proposed Project:
 *a. Start Date: 09/01/2012 *b. End Date: 09/01/2013

18. Estimated Funding (\$):

*a. Federal	\$6,038,374
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	\$1,500,000
*g. TOTAL	\$7,538,374

***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: Mrs. *First Name: Patricia

Middle Name: _____

*Last Name: Swearinger

Suffix: _____

*Title: Secretary, Waset, Inc.

*Telephone Number: 323 874-8681 Fax Number: 323 874-3237

* Email: pfdes@roadrunner.com

*Signature of Authorized Representative: 	<small>Digitally signed by Patricia Swearinger DN: cn=Patricia Swearinger, o, ou, email=yjung@hdsimangement.com, c=US Date: 2011.04.29 15:27:19 -0700</small>	*Date Signed: 04/28/2011
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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2011	Applicant Identifier Department of Food and Agriculture
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE April 28, 2011	State Application Identifier	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier 11-8520-1317-CA
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Scott
County: Sacramento		Middle Name	
State: California		Last Name Okimura	
Zip Code 95814	Suffix:		
Country: United States		Email: sokimura@cdfa.ca.gov	
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325704		Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): European Grapevine Moth (EGVM) Survey		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: European Grapevine Moth (EGVM) survey in California	
13. PROPOSED PROJECT Start Date: January 1, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1	
Ending Date: December 31, 2011		b. Project EGVM Survey	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 4, 2011	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 1,271,745.00	<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	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 15,271,745.00	a. Authorized Representative	
Prefix		First Name Kathy	Middle Name
Last Name Alameda		Suffix	
b. Title Manager, Federal Funds Management Unit		c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative		e. Date Signed	

RECEIVED
 MAY 4 2011
 STATE CLEARING HOUSE

654-0555 - Scott
OKIMURA

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 30, 2011	Applicant Identifier
<input checked="" type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Coachella Valley Water District		Organizational Unit: Department: Engineering	
Organizational DUNS: 04-133-0739		Division: Sanitation	
Address: Street: 85-995 Avenue 52		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	
City: Coachella		First Name: Kesri	
County: Riverside		Middle Name	
State: California		Last Name Sekhon	
Zip Code 92236		Suffix:	
Country: USA		Email: ksekhon@cvwd.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000827		Phone Number (give area code) (760) 398-2651	Fax Number (give area code) (760) 391-9637
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) Special District (G) Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA-Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loans & Grants Program (Colonias Loans & Grants)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Proposed sanitary sewer collection facilities to serve the existing St. Anthony's mobile home park, and adjacent communities along Lincoln Street, from Avenue 66th to Avenue 68th.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community south of Mecca, Riverside County, California			
13. PROPOSED PROJECT Start Date: April 2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45th Congressional District	
Ending Date: September 2012		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,648,327 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ ⁰⁰	DATE:	
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation.	
g. TOTAL	\$ 3,648,327 ⁰⁰	<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 Steve	Middle Name	
Last Name Robbins		Suffix	
b. Title General Manager Chief Engineer Assistant General Manager		c. Telephone Number (give area code) (760) 398-2651	
d. Signature of Authorized Representative <i>Steve Robbins</i> AGM		e. Date Signed 4-29-11	



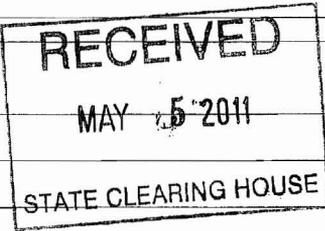
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 30, 2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District	Organizational Unit: Department: Engineering	
Organizational DUNS: 04-133-0739	Division: Sanitation	
Address: Street: 85-995 Avenue 52	Name and telephone number of person to be contacted on matters involving this application (give area code)	
	Prefix: Mr.	First Name: Kesri
City: Coachella	Middle Name	
County: Riverside	Last Name Sekhon	
State: California	Zip Code 92236	Suffix:
Country: USA	Email: ksekhon@cvwd.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-6000827

Phone Number (give area code) (760) 398-2651	Fax Number (give area code) (760) 391-9637
---	---

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

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

9. NAME OF FEDERAL AGENCY:
 USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-770

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Proposed sanitary sewer collection facilities to serve the existing St. Anthony's mobile home park, and adjacent communities along Lincoln Street, from Avenue 66th to Avenue 68th.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Community south of Mecca, Riverside County, California

13. PROPOSED PROJECT

Start Date: April 2012	Ending Date: September 2012
---------------------------	--------------------------------

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant
 45th Congressional District b. Project

15. ESTIMATED FUNDING:

a. Federal	\$	3,648,327 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	3,648,327 ⁰⁰

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

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

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

a. Authorized Representative

Prefix Mr.	First Name Steve	Middle Name
Last Name Robbins	Suffix	
b. Title General Manager Chief Engineer	Assistant General Manager	
c. Telephone Number (give area code) (760) 398-2651	e. Date Signed 4.29.11	
d. Signature of Authorized Representative <i>[Signature]</i>	AGM	

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:

RECEIVED

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

MAY - 6 2011

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Xantrex Technology Inc.

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

91-2035151

*c. Organizational DUNS:

06-102-9984

d. Address:

*Street 1: 161-G South Vasco Road

Street 2: _____

*City: Livermore

County: _____

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 94551

e. Organizational Unit:

Department Name:

Engineering

Division Name:

Renewable Energies Business

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

Prefix: Mr. *First Name: Mark

Middle Name: _____

*Last Name: Edmunds

Suffix: _____

Title: Director Advanced Engineering

Organizational Affiliation:

Xantrex is a wholly owned subsidiary of Schneider Electric

*Telephone Number: 604-422-2609

Fax Number:

*Email: mark.edmunds@schneider-electric.com

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: Q. For-profit Org(Other Than Small Business) Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: Department of Energy	
11. Catalog of Federal Domestic Assistance Number: 81.087 CFDA Title: Solar Energy Grid Integration Systems - Advanced Concepts	
*12 Funding Opportunity Number: DE-FOA-0000479 *Title: Solar Energy Grid Integration Systems - Advanced Concepts	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Livermore California, Smyrna Tennessee	
*15. Descriptive Title of Applicant's Project: Development of a High Efficiency Long Life Modular 1500V, 1.5MW Inverter Platform	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-010	*b. Program/Project: CA-10	
17. Proposed Project:		
*a. Start Date: August 2011	*b. End Date: June 2014	
18. Estimated Funding (\$):		
*a. Federal	2,500,000	
*b. Applicant	2,000,000	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	4,500,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>May 6, 2011</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: Mr.	*First Name: Mike	
Middle Name:		
*Last Name: Tobin		
Suffix:		
*Title: VP Engineering		
*Telephone Number: 925-245-5348	Fax Number:	
* Email: mike.tobin@schneider-electric.com		
*Signature of Authorized Representative: 		*Date Signed: May 5, 2011

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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 checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 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.	
		3. Applicant Identifier: <input type="text"/>		STATE USE ONLY: 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"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 6 2011 STATE CLEARING HOUSE </div>	
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: <input type="text" value="Marin County Transit District"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="36-3835348"/>			* c. Organizational DUNS: <input type="text" value="828720842"/>		
d. Address:					
* Street1: <input type="text" value="750 Lindero Street"/>			Street2: <input type="text" value="suite 200"/>		
* City: <input type="text" value="San Rafael"/>			County: <input type="text" value="Marin"/>		
* State: <input type="text" value="CA: California"/>			Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>			* Zip / Postal Code: <input type="text" value="94901"/>		
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: <input type="text" value="Mrs."/>		* First Name: <input type="text" value="Lauren"/>		Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Gradia"/>				Suffix: <input type="text"/>	
Title: <input type="text" value="Finance and Grants Manager"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: <input type="text" value="415-226-0861"/>			Fax Number: <input type="text"/>		
* Email: <input type="text" value="lgradia@marintransit.org"/>					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

D: Special District Government

* Other (specify):

b. Additional Description:

Transit Agency

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Muir Woods National Monument, Marin County (TAM Valley).

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-006

b. Program/Project:

CA-006

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2011

b. End Date:

06/30/2014

14. ESTIMATED FUNDING:

* a. Federal (\$):

2,387,900.00

b. Match (\$):

0.00

* 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:

05/06/2011

 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:

Mrs.

* First Name:

Lauren

Middle Name:

* Last Name:

Gradia

Suffix:

* Title:

Finance and Grants Manager

Organizational Affiliation:

* Telephone Number:

415-226-0861

* Fax Number:

415-226-0856

* Email:

lgradia@marintransit.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Z O B M L

* Date Signed:

Completed by Grants.gov upon submission.

5/6/2011

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

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

B. County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218 _____

CFDA Title:

Community Development Block Grants/Entitlement Grants _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County of Ventura unincorporated areas, Cities of Fillmore, Moorpark, Ojai, Port Hueneme, Santa Paula

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

Ventura County FY 2011-12 Annual Plan - Community Development Block Grant Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:*a. Applicant: 23rd and 24th*b. Program/Project: 23rd and 24th**17. Proposed Project:**

*a. Start Date: 7/1/2011

*b. End Date: 6/30/2012

18. Estimated Funding (\$):

*a. Federal	_____	\$1,840,542
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$1,840,542

***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 5/06/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Michael

Middle Name: _____

*Last Name: Powers

Suffix: _____

*Title: County Executive Officer

*Telephone Number: 805-654-2681

Fax Number: 805-654-5106

* Email: michael.powers@ventura.org

*Signature of Authorized Representative: 

*Date Signed: 5/4/11

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

COPY

3. Date Received:

4. Applicant Identifier:

S-11-UC-06-0507

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:



8. APPLICANT INFORMATION:

*a. Legal Name: County of Ventura

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

*c. Organizational DUNS:
066691122

d. Address:

*Street 1: Hall of Administration

Street 2: 800 S. Victoria Avenue, L#1940

*City: Ventura

County: Ventura

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 93009

e. Organizational Unit:

Department Name:
County Executive Office

Division Name:
Regional Development Division

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

Prefix: Ms. *First Name: Christy

Middle Name: _____

*Last Name: Madden

Suffix: _____

Title: Deputy Executive Officer

Organizational Affiliation:

*Telephone Number: 805-654-2679

Fax Number: 805-654-5106

*Email: christy.madden@ventura.org

Application for Federal Assistance SF-424

Version 02

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.231

CFDA Title:

Emergency Shelter Grants Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County of Ventura

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

Ventura County FY 2011-12 Annual Plan - Emergency Shelter Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:*a. Applicant: 23rd and 24th*b. Program/Project: 23rd and 24th**17. Proposed Project:**

*a. Start Date: 7/1/2011

*b. End Date: 6/30/2012

18. Estimated Funding (\$):

*a. Federal	_____	\$88,288
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	\$83,874
*f. Program Income	_____	
*g. TOTAL	_____	\$172,162

***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 5/06/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. _____ *First Name: Michael _____

Middle Name: _____

*Last Name: Powers _____

Suffix: _____

*Title: County Executive Officer

*Telephone Number: 805-654-2681

Fax Number: 805-654-5106

* Email: michael.powers@ventura.org

*Signature of Authorized Representative: 

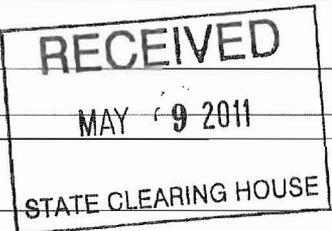
*Date Signed: 5/4/11

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 11, 2011	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE APRIL 27, 2011	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			06-11-31911

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: STATE OF CALIFORNIA		Department: DEPARTMENT OF PARKS AND RECREATION	
Organizational DUNS: 172070807		Division: OFFICE OF HISTORIC PRESERVATION	
Address: Street: P.O. BOX 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: MR.	First Name: JOHN
County: SACRAMENTO		Middle Name RAYMOND	
State: CA		Last Name THOMAS	
Zip Code 91296-0001	Suffix:		
Country: USA		Email: jthomas@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code) (916) 445-7024	Fax Number (give area code) (916) 445-7053
--	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Historic Preservation Fund 1 5 - 9 0 4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Annual HPF Grant Application for Fiscal Year 2011 (60/40) Grant for Historic Preservation Fund for Activities related to the requirements of the National Preservation Act.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	

13. PROPOSED PROJECT Start Date: 10/01/200? Ending Date: 09/30/200?	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project SEE # 11 ABOVE
--	--

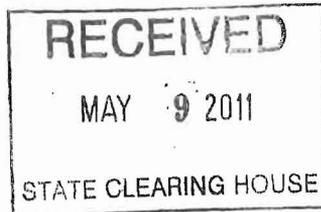
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,472,042 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/11/2011
b. Applicant \$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 761,300 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 116,725 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 103,385 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$. ⁰⁰	
g. TOTAL \$ 2,453,452 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 MILFORD	Middle Name WAYNE
Last Name DONALDSON		Suffix FAIA
b. Title STATE HISTORIC PRESERVATION OFFICER		c. Telephone Number (give area code) (916) 445-7050
d. Signature of Authorized Representative 		e. Date Signed 9 MAY 2011



SF 424



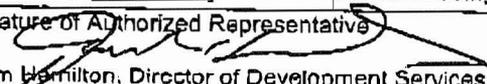
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

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

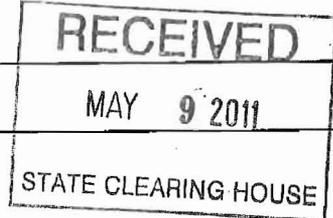
May 4, 2011		Applicant Identifier		Type of Submission	
				Application	Pre-application
				<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
				<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information					
City of Redding		CA62958 REDDING			
777 Cypress Avenue		93-362-2800			
PO Box 496071		Local Government			
Redding	California				
96049	Country U.S.A.	Housing Division			
Employer Identification Number (EIN):		Shasta			
94-6000401		7/1			
Applicant Type:		Specify Other Type if necessary:			
Local Government: City		Specify Other Type			
Program Funding		U.S. Department of Housing and Urban Development			
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
Community Development Block Grant		14.218 Entitlement Grant			
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)			
\$751,076 (2011-12 estimate)	\$Additional HUD Grant(s) Leveraged		Describe		
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			
\$130,000 Anticipated revolving loan funds		Other (Describe) \$61,402 Prior year CDBG			
Total Funds Leveraged for CDBG-based Project(s) \$942,478					
Home Investment Partnerships Program		14.239 HOME			
HOME Project Titles		Description of Areas Affected by HOME Project(s)			
\$527,205 (2011-12 estimate)	\$Additional HUD Grant(s) Leveraged		Describe		
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			

\$260,300 Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s) \$787,505			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts	Project Districts		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on - May 4, 2011 (based on 2011-12 estimate).
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Nicole		Smith
Interim Housing Manager	(530)225-4336	(530)245-7160
nsmith@ci.redding.ca.us	www.ci.redding.ca.us	
Signature of Authorized Representative 		Date Signed
Jim Hamilton, Director of Development Services		May 4, 2011

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application 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: U. S. Department of Energy for performance at Lawrence Berkeley National Laboratory		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942951741	*c. Organizational DUNS: 078576738	
d. Address:		
*Street1: 1 Cyclotron Rd.		
Street 2:		
*City: Berkeley		
County: Alameda		
*State: CA		
Province:		
Country: United States		*Zip/ Postal Code: 94720
e. Organizational Unit:		
Department Name: Building Technologies		Division Name: Environmental Energy Technologies Division
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.		First Name: Andre
Middle Name:		
*Last Name: Anders		
Suffix:		
Title: Leader, Plasma Applications Group		
Organizational Affiliation: Environmental Energy Technologies Division		
*Telephone Number: (510) 486-6745		Fax Number: (510) 486-4374
*Email: AAnders@lbl.gov		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Federally Funded Research and Development Center

*10. Name of Federal Agency:

U.S. Department of Energy EERE

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*12. Funding Opportunity Number: DE-FOA-0000387

*Title:

Transformational PV Science and Technology: Next Generation Photovoltaics II

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Filtered Sputter Deposition of Transparent Conducting Oxide Contacts for Thin Film Solar Cells

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of: Lawrence Berkeley National Laboratory		
*a. Applicant	CA-009	*b. Program/Project: CA-009
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
*a. Start Date:	10/01/2011	*b. End Date: 09/30/13
18. Estimated Funding (\$):		
*a. Federal	\$750,000.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$750,000.00	
*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 05/09/11		
<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: Kim	
Middle Name:		
*Last Name:	Williams	
Suffix:		
*Title:	Division Deputy for Operations	
*Telephone Number:	(510) 486-7362	Fax Number: (510) 486-5454
*Email:	KPWilliams@lbl.gov	
*Signature of Authorized Representative:	<i>Kim Williams</i>	Date Signed: 5/6/2011
	f. Kim Williams	

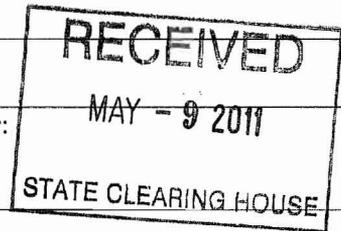
Application for Federal Assistance SF-424

Version 02

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

*3. Date Received:	4. Application 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: nLiten Energy Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 80-0460624	*c. Organizational DUNS: 808669647

d. Address:

*Street1: 650 Castro Street
 Street 2: Suite 120-422
 *City: Mountain View
 County: Santa Clara
 *State: California
 Province:
 Country: USA

*Zip/ Postal Code: 94041

e. Organizational Unit:

Department Name:	Division Name:
------------------	----------------

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

Prefix: Dr. First Name: Alan
 Middle Name:
 *Last Name: Chin
 Suffix:

Title: founder and CEO

Organizational Affiliation:
 nLiten Energy Corporation

*Telephone Number: 650-964-1828	Fax Number:
---------------------------------	-------------

*Email: chinah@nlitenenergy.com

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-015

*b. Program/Project: US-all

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

17. Proposed Project:

*a. Start Date: 9/1/2011

*b. End Date: 9/1/2014

18. Estimated Funding (\$):

*a. Federal \$600,000.00

*b. Applicant \$150,000.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$750,000.00

***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 5/7/2011

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Dr.

*First Name: Alan

Middle Name:

*Last Name: Chin

Suffix:

*Title: founder and CEO

*Telephone Number: 650-964-1828

Fax Number:

*Email: chinah@nllitenenergy.com

*Signature of Authorized Representative: 

Date Signed: 5/7/2011

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

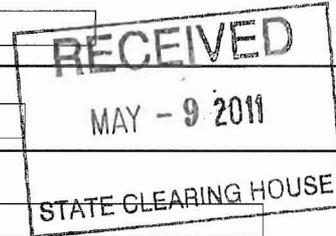
*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

THE EAST LOS ANGELES COMMUNITY UNION (TELACU)

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

95-2554256

*** c. Organizational DUNS:**

0107205970000

d. Address:

*** Street1:**

5400 East Olympic Boulevard, Suite 300

Street2:

*** City:**

Los Angeles

County/Parish:

Los Angeles

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

90022-5187

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:**

Tom

Middle Name:

Florencio

*** Last Name:**

Provencio

Suffix:

Title:

Authorized Agent

Organizational Affiliation:

*** Telephone Number:**

323.721.1655

Fax Number:

323.721.3560

*** Email:**

tprovencio@TELACU.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5415-N-38

* Title:

Section 202 Supportive Housing for the Elderly

13. Competition Identification Number:

S202-38

Title:

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

City of Riverside, Riverside County, CA

Add Attachment

Delete Attachment

View Attachment

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

Supportive Housing for the Elderly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="12,205,978.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="2,326,032.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,532,010.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:
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 checked="" type="checkbox"/> Precapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier: 0387-1967	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
RECEIVED		
MAY 10 2011		
STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Glint Photonics, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-3734209	*c. Organizational DUNS: 965324986	
d. Address:		
*Street 1: 1020 Corporation Way, Suite 210		
Street 2:		
*City: Palo Alto		
County:		
*State: CA		
Province:		
Country: USA		
*Zip/ Postal Code: 94303		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.		First Name: Peter
Middle Name:		
*Last Name: Kozodoy		
Suffix:		
Title: President and CEO		
Organizational Affiliation: Glint Photonics, Inc.		
*Telephone Number: 650-646-4192		Fax Number:
*Email: peter@glintphotonics.com		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: R. Small Business	
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: Department of Energy - Energy Efficiency and Renewable Energy	
11. Catalog of Federal Domestic Assistance Number: 81.087	
CFDA Title: Renewable Energy Research and Development	
*12. Funding Opportunity Number: DE-FOA-0000387	
*Title: Transformational PV Science and Technology: Next Generation Photovoltaics II	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
*15. Descriptive Title of Applicant's Project: Wide-Angle Self-Tracking Concentrator Photovoltaic Modules	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-014

*b. Program/Project: CA-014, CA-053

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

17. Proposed Project:

*a. Start Date: 10/1/2011

*b. End Date: 9/30/2015

18. Estimated Funding (\$):

*a. Federal	\$1,500,000.00
*b. Applicant	\$250,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$1,750,000.00

***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 May 9, 2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Dr.

*First Name: Peter

Middle Name:

*Last Name: Kozodoy

Suffix:

*Title: President and CEO

*Telephone Number: 650-646-4192

Fax Number:

*Email: peter@qlintphotonics.com

*Signature of Authorized Representative: 

Date Signed: May 9, 2011

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 10 2011

STATE CLEARING HOUSE

* 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:

River Partners

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

94-3302335

* c. Organizational DUNS:

078-69-0836

d. Address:

* Street1:

580 Vallombrosa Ave

Street2:

* City:

Chico

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95926

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mrs.

* First Name:

Julie

Middle Name:

* Last Name:

Rentner

Suffix:

Title:

San Joaquin Regional Director

Organizational Affiliation:

River Partners

* Telephone Number:

(209) 521-1700

Fax Number:

(209) 521-7327

* Email:

jrentner@riverpartners.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R11AF20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Bakersfield, Kern County, California

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

Saltbrush Scrub and Riparian Restoration at Panorama Vista Preserve

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="235,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="25,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="260,000.00"/>

* 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:

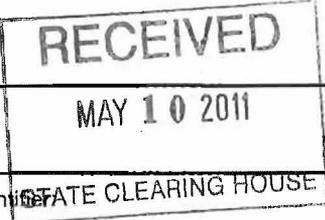
* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		Version 02
*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: DE-FOA-0000479
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: DOW Kokam, LLC		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 26-4567233		*c. Organizational DUNS: 832775071
d. Address:		
*Street 1:	2901 NE Hagan Road	
Street 2:	_____	
*City:	Lee's Summit	
County:	Jackson	
*State:	MO	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	64064	
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: Maria _____	
Middle Name: _____		
*Last Name: Wilson		
Suffix: _____		
Title:	Sr. Contract Administrator	
Organizational Affiliation:		
*Telephone Number: 816 272-7164		Fax Number: 816 525-5388
*Email: mwilson@dowkokam.com		

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

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: R. Small Business 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 Energy - Golden Field Office	
11. Catalog of Federal Domestic Assistance Number: 81.087 CFDA Title: Solar Energy Grid Integration Systems - Advanced Concepts	
*12 Funding Opportunity Number: DE-FOA-0000479 *Title: Solar Energy Grid Integration Systems - Advanced Concepts	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Midland, Michigan - Midland County; Lee's Summit, Missouri - Jackson County; Clearwater, FL - Pasco County; Austin, TX - Burleson County; Washington, DC	
*15. Descriptive Title of Applicant's Project: Modular Advanced Storage Systems (MASS) - Topic 1	

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: MO - 005

*b. Program/Project: MI-004; FL-009; TX-010; DC-001

17. Proposed Project:

*a. Start Date: 10/15/2011

*b. End Date: 10/31/2014

18. Estimated Funding (\$):

*a. Federal	_____	\$ 1,000,000.
*b. Applicant	_____	\$ 250,000.
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$ 1,250,000.

***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 05/09/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Jeffery
 Middle Name: T.
 *Last Name: Kostos
 Suffix: _____

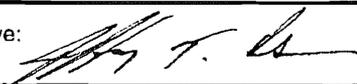
*Title: General Manager

*Telephone Number: 816 272-7111

Fax Number: 816 525-5388

* Email: jkostos@dowkokam.com

*Signature of Authorized Representative:



*Date Signed: 05/09/2011

May 9, 2011

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 5, 2011		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: ANTELOPE VALLEY TRANSIT AUTHORITY

Address (give city, county, State, and zip code):
42210 6TH ST WEST
LANCASTER CA 93534

Organizational Unit: ANTELOPE VALLEY TRANSIT AUTHORITY

Name and telephone number of person to be contacted on matters involving this application (give area code):
JULIE M. AUSTIN
661.729.2206

RECEIVED
MAY 10 2011
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-4377119

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) Joint Powers Auth

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

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

9. NAME OF FEDERAL AGENCY:
US DOT & FTA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-507

TITLE: FEDERAL TRANSIT FORMULA GRANTS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase 2 ADA compliant Commuter Replacement buses, Refurb/repower of thirteen (13) engines, Perform cosmetic upgrades to 15 buses, Purchase major bus components, Purchase and implement a new ITS system, CAD/AVL, and passenger counter, Safety & security

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
ANTELOPE VALLEY PORTION OF NORTHERN LOS ANGELES

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date Ending Date a. Applicant b. Project

7/1/11 6/30/14 22 & 25 22 & 25

15. ESTIMATED FUNDING:

a. Federal	\$	122,745,440.00
b. Applicant	\$	0.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	472,354.00
f. Program Income	\$	0.00
g. TOTAL	\$	16,998,088.00

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

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

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

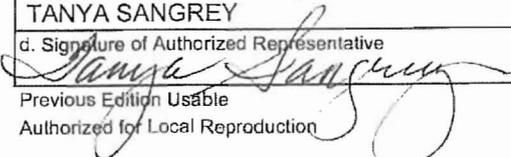
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes," attach an explanation. No

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

a. Type Name of Authorized Representative JULIE M. AUSTIN	b. Title EXECUTIVE DIRECTOR	c. Telephone Number (661) 729-2206
d. Signature of Authorized Representative <i>Julie M. Austin</i>	e. Date Signed 5/10/11	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Yurok Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 144 Klamath Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 75 - 3173783		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
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: TITLE: 07-100		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FISH PROCESSING PLANT MANAGER AND PRODUCT DEVELOPER	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/11	Ending Date 7/12/12	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 98,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/19/11	
b. Applicant	\$ 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	\$ 98,000 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. Type Name of Authorized Representative TANYA SANGREY		b. Title EXECUTIVE DIRECTOR	c. Telephone Number (707) 482-0657
d. Signature of Authorized Representative 		e. Date Signed 5-10-2011	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted (mm/dd/yyyy) May 11, 2011	Applicant Identifier B-11-MC-0575
1. Type of Submission <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Vista		Organizational Unit: Municipal Government	
Address (give city, county, state, and zip code): 200 Civic Center Drive Vista, CA 92084		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Valdez (760) 726-1340 ext. 1481	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 2 2 5 9 5 8 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State I. State Controlled Institution of Higher Learning C. Municipal K. Indian Tribe D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Nonprofit G. Special District O. Public Housing Agency H. Independent School Dist. P. Other (Specify)	
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): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Housing and Urban Development Department	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 1 4 • 2 1 8 TITLE: Community Development Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Projects include the continued funded public service activities, economic development activities, program administration, fair housing, debt service, and an internal CIP project targeted to necessary street, sidewalk, and lighting improvements in qualified low- and moderate-income areas.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Vista			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date (mm/dd/yyyy) 7/1/11	Ending Date (mm/dd/yyyy) 6/30/12	a. Applicant 49 th Congressional District	b. Project 49 th Congressional District
15. ESTIMATED FUNDING:		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 (mm/dd/yyyy) 05/11/2011 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 1,070,965		
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,070,965	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. Typed Name of Authorized Representative Rita L. Geldert		b. Title City Manager	c. Telephone number (760) 639-6131
d. Signature of Authorized Representative 		e. Date Signed 05/13/2008 May 10, 2011	

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Authorized for Local ReproductionStandard Form 424
Prescribed by OMB Circular A-10

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/13/2011	Applicant Identifier Grant Application
1. TYPE OF SUBMISSION: Application Pre-Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 5/13/2011	State Application Identifier FLORIDA
		4. DATE RECEIVED BY FEDERAL AGENCY 5/13/2011	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Dental Advantage Administration		Organizational Unit:	
Organizational DUNS:		Department:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 3383 N.W 7 St # 101		Prefix: Mrs.	First Name: Reyna
City: Miami		Middle Name: M	
County:		Last Name : Mata-Lacayo	
State: FL	Zip Code: 33125	Suffix:	
Country: USA		Email: Lacayo2175@bellsouth.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 010919404		Phone Number (give area code) 305-642-0003	Fax Number (give area code) 305-642-0009
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) N/A, N/A Other (specify) : N/A		7. TYPE OF APPLICANT: L Other (specify) :N/A	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 55.995 TITLE (Name of Program): grant program		9. NAME OF FEDERAL AGENCY: grant seeker pro	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): state		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 5/13/2011	Ending Date: 5/13/2011	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE : 5/13/2011	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	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: Mrs.	First Name: Reyna	Middle Name: M	
Last Name: Mata-Lacayo		Suffix:	
b. Title: owner		c. Telephone Number (give area code) : 305-917-5596	
d. Signature of Authorized Representative		e. Date Signed	



SF 424

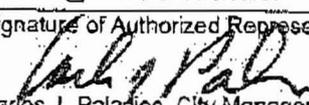
RECEIVED
 MAY 12 2011
 STATE CLEARING HOUSE

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

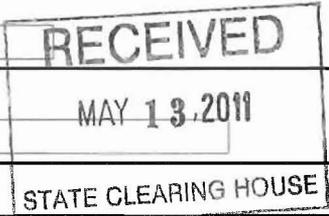
Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted May 10, 2011		Applicant Identifier		Type of Submission	
Date Received by state		State Identifier		Application	
Date Received by HUD		Federal Identifier		Pre-application	
				<input type="checkbox"/> Construction	
				<input type="checkbox"/> Construction	
				<input checked="" type="checkbox"/> Non Construction	
				<input type="checkbox"/> Non Construction	
Applicant Information					
City of Watsonville		CA63966 WATSONVILLE			
250 Main Street		Organizational DUNS 010939452			
PO Box 50000		Organizational Unit			
Watsonville		California		Redevelopment and Housing Department	
95076		Country U.S.A.		Division	
Employer Identification Number (EIN):		Santa Cruz County			
94-6000451		7/1/2011			
Applicant Type:		Specify Other Type If necessary:			
Local Government: City		Specify Other Type			
Program Funding		U.S. Department of Housing and Urban Development			
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
Community Development Block Grant		14,218 Entitlement Grant			
CDBG Project Titles City Program Year 2011-12 CDBG Projects		Description of Areas Affected by CDBG Project(s) City of Watsonville, California			
\$774,667		\$Additional HUD Grant(s) Leveraged		Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			
\$90,000		Other (Describe)			
Total Funds Leveraged for CDBG-based Project(s)					
Home Investment Partnerships Program		14,239 HOME			
N/A		Description of Areas Affected by HOME Project(s)			
\$HOME Grant Amount		\$Additional HUD Grant(s) Leveraged		Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			

\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
N/A		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
N/A		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
CA-17	CA-17		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 5/10
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	Program is not covered by EO 12372
		<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Jackie	Middle Initial	Ventura
Administrative Analyst	831-768-3080	831-763-4114
jventura@ci.watsonville.ca.us	www.ci.watsonville.ca.us	Other Contact
Signature of Authorized Representative		May 10, 2011
 Carlos J. Palacios, City Manager		

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: _____	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: Asian Community Center of Sacramento Valley, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 4 2 2 7 1 3 8 0	* c. Organizational DUNS: 152151528
d. Address:	
* Street1: 7311 Greenhaven Drive, Suite 190	_____
Street2:	_____
* City: Sacramento	_____
County: Sacramento	_____
* State: California	_____
Province:	_____
* Country: USA	_____
* Zip / Postal Code: 95831-3866	_____
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: Raymond
Middle Name:	_____
* Last Name: Gee	_____
Suffix:	_____
Title: Housing Specialist	
Organizational Affiliation: _____	
* Telephone Number: (916) 394-6399	Fax Number: (916) 394-6392
* Email: raygee@accsv.org	



Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	CA-005
* b. Program/Project	CA-005
Attach an additional list of Program/Project Congressional Districts if needed.	
	Add Attachment
17. Proposed Project:	
* a. Start Date:	06/01/2011
* b. End Date:	02/28/2014
18. Estimated Funding (\$):	
* a. Federal	9,054,581.00
* b. Applicant	25,000.00
* c. State	842,419.00
* d. Local	
* e. Other	390,000.00
* f. Program Income	
* g. TOTAL	10,312,000.00
* 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 05/12/2011 .
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.
* 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:	Mr.
* First Name:	Raymond
Middle Name:	
* Last Name:	Gee
Suffix:	
* Title:	Housing Specialist
* Telephone Number:	(916) 394-6399
Fax Number:	(916) 394-6392
* Email:	raygee@accsv.org
* Signature of Authorized Representative:	
* Date Signed:	5/11/2011

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

Application for Federal Assistance SF-424																			
<table border="0"> <tr> <td colspan="2">* 1. Type of Submission:</td> <td colspan="2">* 2. Type of Application:</td> <td colspan="2">* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input type="checkbox"/> Application</td> <td><input type="checkbox"/> New</td> <td><input checked="" type="checkbox"/> Continuation</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td><input type="checkbox"/> Revision</td> <td></td> <td colspan="2">* Other (Specify): <input type="text"/></td> </tr> </table>		* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):		<input type="checkbox"/> Preapplication	<input type="checkbox"/> Application	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuation	<input type="text"/>		<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/> Revision		* Other (Specify): <input type="text"/>	
* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):															
<input type="checkbox"/> Preapplication	<input type="checkbox"/> Application	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Continuation	<input type="text"/>															
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/> Revision		* Other (Specify): <input type="text"/>															
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>																	
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>																	
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">MAY 13 2011</p> <p style="margin: 0; font-size: small;">STATE OF CALIFORNIA COURT REPORTERS & CLEARING HOUSE</p> </div>																			
State Use Only:																			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>																	
B. APPLICANT INFORMATION:																			
* a. Legal Name: <input type="text" value="Yolo Mutual Housing Association, Inc."/>																			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="68-0386360"/>			* c. Organizational DUNS: <input type="text" value="963242636"/>																
d. Address:																			
* Street1: <input type="text" value="8001 Fruitridge Rd, Suite A"/>		Street2: <input type="text"/>																	
* City: <input type="text" value="Sacramento"/>		County/Parish: <input type="text" value="Sacramento"/>																	
* State: <input type="text" value="CA"/>		Province: <input type="text"/>																	
* Country: <input type="text" value="USA"/>		* Zip / Postal Code: <input type="text" value="95820"/>																	
e. Organizational Unit:																			
Department Name: <input type="text" value="Housing Department"/>			Division Name: <input type="text" value="N/A"/>																
f. Name and contact information of person to be contacted on matters involving this application:																			
Prefix: <input type="text"/>		* First Name: <input type="text" value="Wendy"/>																	
Middle Name: <input type="text"/>		* Last Name: <input type="text" value="Carter"/>																	
Suffix: <input type="text"/>		Title: <input type="text" value="Project Manager"/>																	
Organizational Affiliation: <input type="text" value="N/A"/>																			
* Telephone Number: <input type="text" value="916-453-8400 x211"/>			Fax Number: <input type="text" value="916-453-8401"/>																
* Email: <input type="text" value="wendy@mutualhousing.com"/>																			

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10.405, 10.427

CFDA Title:

Notice of Funds Available for section 514 Farm Labor Housing Loans & section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2010

*** 12. Funding Opportunity Number:**

5141516

* Title:

Notice of Funds Available for section 514 Farm Labor Housing Loans & section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2010

13. Competition Identification Number:

N/A

Title:

N/A

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

Yolo County

Add Attachment

Delete Attachment

View Attachment

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

Mutual Housing at Spring Lake: Housing & Supportive Services for Agricultural Workers & Other Low-Income Households.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$12,276,322.00"/>
* b. Applicant	<input type="text" value="\$680,957.00"/>
* c. State	<input type="text" value="\$8,500,000.00"/>
* d. Local	<input type="text" value="\$1,534,000.00"/>
* e. Other	<input type="text" value="\$3,977,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$26,968,279.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

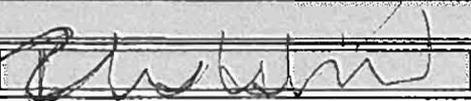
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier: 0387-1969	RECEIVED
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	MAY 13 2011
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Spectrolab, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243	*c. Organizational DUNS: 008262602	
d. Address:		
*Street1: 12500 Gladstone Avenue Street 2:		
*City: Sylmar		
County: Los Angeles		
*State: California		
Province:		
Country:		
*Zip/ Postal Code: 91342-5373		
e. Organizational Unit:		
Department Name: Spectrolab		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		First Name: Stephen
Middle Name: Paul		
*Last Name: Wallace		
Suffix:		
Title: Manager of Contracts		
Organizational Affiliation: Spectrolab		
*Telephone Number: 8188982831		Fax Number: 8183615102
*Email: stephen.wallace@boeing.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*12. Funding Opportunity Number: DE-FOA-0000387

*Title: Transformational PV Science and Technology: Next Generation Photovoltaics II

13. Competition Identification Number:

Title:

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

City of Sylmar in the county of Los Angeles in the State of California
City of Columbus in State of Ohio

*15. Descriptive Title of Applicant's Project:

Polycrystalline III-V Thin-Film Solar Cells for
Tandem Flat-Plate Photovoltaic Modules**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California and Ohio

*a. Applicant
CA-027*b. Program/Project:
CA-027, OH-015

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

17. Proposed Project:

*a. Start Date: September 2011

*b. End Date: August 2015

18. Estimated Funding (\$):

*a. Federal	\$1,500,000.00
*b. Applicant	\$300,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,800,000.00

***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 May 09, 2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Stephen

Middle Name: Paul

*Last Name: Wallace

Suffix:

*Title: Manager of Contracts

*Telephone Number: 8188982831

Fax Number: 8183615102

*Email: stephen.wallace@boeing.com

*Signature of Authorized Representative:

Date Signed: May 09, 2011

10349

19

Digitally signed by
1034919
DN: c=US, o=Boeing,
ou=people, cn=1034919,
email=stephen.wallace@
boeing.com
Date: 2011.05.09
15:55:49 -07'00'

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected 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: 04/08/2011		4. Application Identifier: 0492-1688
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 13 2011 STATE CLEARING HOUSE </div>		
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Spectrolab, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243		*c. Organizational DUNS: 00-826-2602
d. Address:		
*Street 1: 12500 Gladstone Avenue Street 2: *City: Sylmar County: *State: CA Province: Country: USA		
*Zip/ Postal Code: 91342-5373		
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: Linda
Middle Name:		
*Last Name: Schwartz		
Suffix:		
Title:		
Organizational Affiliation:		
*Telephone Number: (818) 898-2818		Fax Number:
*Email: linda.m.schwartz@boeing.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:
Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*12. Funding Opportunity Number: DE-FOA-0000492

*Title:
Foundational Program to Advance Cell Efficiency

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Flexible, Low-cost Multi-junction Photovoltaics**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 01/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-027

*b. Program/Project:

MA-003

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

17. Proposed Project:

*a. Start Date: 10/01/11

*b. End Date: 09/30/14

18. Estimated Funding (\$):

*a. Federal \$1,500,000.00

*b. Applicant \$375,000.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,875,000.00

***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 *5-13-11* 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: Linda

Middle Name:

*Last Name: Schwartz

Suffix:

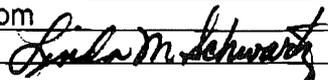
*Title: Contract Manager

*Telephone Number: (818) 898-2818

Fax Number:

*Email: linda.m.schwartz@boeing.com

*Signature of Authorized Representative:



Date Signed: 05/09/11

OMB Number: 4040-0004
Expiration Date: 01/31/2012**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: 04/08/2011		4. Application Identifier: 0492-1693		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 13 2011 STATE CLEARING HOUSE </div>	
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: Spectrolab, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243			*c. Organizational DUNS: 00-826-2602		
d. Address:					
*Street1: 12500 Gladstone Avenue					
Street 2:					
*City: Sylmar					
County:					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 91342-5373					
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: Linda			
Middle Name:					
*Last Name: Schwartz					
Suffix:					
Title:					
Organizational Affiliation:					
*Telephone Number: (818) 898-2818			Fax Number:		
*Email: linda.m.schwartz@boeing.com					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:
Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*12. Funding Opportunity Number: DE-FOA-0000492

*Title: Foundational Program to Advance Cell Efficiency

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Concentrator Photovoltaic (CPV) Cells with 50% Efficiency
Enabling Grid-Parity Solar Electricity Generation**Attach supporting documents as specified in agency instructions.**

OMB Number: 4040-0004
Expiration Date: 01/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027

*b. Program/Project: CO-007

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

CO-007

17. Proposed Project:

*a. Start Date: 10/01/11

*b. End Date: 9/30/11

18. Estimated Funding (\$):

*a. Federal \$1,500.00

*b. Applicant \$375.00

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$1,875.00

***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 5-13-11 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: Linda

Middle Name:

*Last Name: Schwartz

Suffix:

*Title: Contract Manager

*Telephone Number: (818) 898-2818

Fax Number:

*Email: linda.m.schwartz@boeing.com

*Signature of Authorized Representative: *Linda M. Schwartz* Date Signed: 05/09/11

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier: 0387-1567
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 13 2011 </div>	
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Spectrolab, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243		*c. Organizational DUNS: 008262602
d. Address:		
*Street1: 12500 Gladstone Avenue		
Street 2:		
*City: Sylmar		
County: Los Angeles		
*State: California		
Province:		
Country:		
*Zip/ Postal Code: 91342-5373		
e. Organizational Unit:		
Department Name: Spectrolab		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		First Name: Stephen
Middle Name: Paul		
*Last Name: Wallace		
Suffix:		
Title: Manager of Contracts		
Organizational Affiliation: Spectrolab		
*Telephone Number: 8188982831		Fax Number: 8183615102
*Email: stephen.wallace@boeing.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*12. Funding Opportunity Number: DE-FOA-0000387

*Title: Transformational PV Science and Technology: Next Generation Photovoltaics II

13. Competition Identification Number:

Title:

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

Cities of Sylmar, and Los Angeles in the county of Los Angeles; City of Riverside in the county of Riverside; all in the State of California

*15. Descriptive Title of Applicant's Project:

Buffer Layers for 50% Efficient Multi-Junction Solar Cells

See attached Summary Description of the Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California

*a. Applicant
CA-027*b. Program/Project:
CA-027, CA-030, CA-044

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

17. Proposed Project:

*a. Start Date: September 2011

*b. End Date: August 2015

18. Estimated Funding (\$):

*a. Federal	\$1,500,000.00
*b. Applicant	\$225,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,725,000.00

***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 May 09, 2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Stephen

Middle Name: Paul

*Last Name: Wallace

Suffix:

*Title: Manager of Contracts

*Telephone Number: 8188982831

Fax Number: 8183615102

*Email: stephen.wallace@boeing.com

*Signature of Authorized Representative:

Date Signed: May 09, 2011

1034919

Digitally signed by 1034919
DN: c=US, o=Boeing,
ou=people, cn=1034919,
email=stephen.wallace@boe
ing.com
Date: 2011.05.09 15:59:03
-0700

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier: 0387-1690
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: Spectrolab, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243		*c. Organizational DUNS: 008262602
d. Address:		
*Street1: 12500 Gladstone Avenue		
Street 2:		
*City: Sylmar		
County: Los Angeles		
*State: California		
Province:		
Country:		
*Zip/ Postal Code: 91342-5373		
e. Organizational Unit:		
Department Name: Spectrolab		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		First Name: Stephen
Middle Name: Paul		
*Last Name: Wallace		
Suffix:		
Title: Manager of Contracts		
Organizational Affiliation: Spectrolab		
*Telephone Number: 8188982831		Fax Number: 8183615102
*Email: stephen.wallace@boeing.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:
Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*12. Funding Opportunity Number: DE-FOA-0000387

*Title: Transformational PV Science and Technology: Next Generation Photovoltaics II

13. Competition Identification Number:

Title:

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

Cities of Sylmar and Los Angeles in the county of Los Angeles in the State of California

*15. Descriptive Title of Applicant's Project:

Core----Shell(----Multishell) Nanowire Structures Using III-V Multijunction PV Designs

See attached Summary Description of the Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California

*a. Applicant
CA-027*b. Program/Project:
CA-027, CA-030

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

17. Proposed Project:

*a. Start Date: September 2011

*b. End Date: August 2015

18. Estimated Funding (\$):

*a. Federal	\$1,500,000.00
*b. Applicant	\$225,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,725,000.00

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- a. This application was made available to the State under the Executive Order 12372 Process for review on May 09,2011
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- 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

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Authorized Representative:

Prefix: Mr. *First Name: Stephen

Middle Name: Paul

*Last Name: Wallace

Suffix:

*Title: Manager of Contracts

*Telephone Number: 8188982831

Fax Number: 8183615102

*Email: stephen.wallace@boeing.com

*Signature of Authorized Representative:

Date Signed: May 09, 2011

10349

19

Digitally signed by
1034919
DN: c=US, o=Boeing,
ou=people, cn=1034919,
email=stephen.wallace@
boeing.com
Date: 2011.05.09
15:55:49 -07'00'

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received: 04/08/2011	4. Application Identifier: 0492-1700	
Sa. Federal Entity Identifier:	*5b. Federal Award Identifier:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>MAY 13 2011</p> <p>STATE CLEARING HOUSE</p> </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Spectrolab, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243	*c. Organizational DUNS: 00-826-2602	
d. Address:		
*Street1: 12500 Gladstone Avenue		
Street 2:		
*City: Svlmar		
County:		
*State: CA		
Province:		
Country: USA		*Zip/ Postal Code: 91342-5373
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: Linda
Middle Name:		
*Last Name: Schwartz		
Suffix:		
Title:		
Organizational Affiliation:		
*Telephone Number: (818) 898-2818		Fax Number:
*Email: linda.m.schwartz@boeing.com		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*12. Funding Opportunity Number: DE-FOA-0000492

*Title:

Foundational Program to Advance Cell Efficiency

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

50% Efficient Integrated III-V Thin Film Multijunction Solar Cells For Concentrator Photovoltaic Systems

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-027**

*b. Program/Project: **MI-015**

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

17. Proposed Project:

*a. Start Date: **10/01/11**

*b. End Date: **09/30/14**

18. Estimated Funding (\$):

*a. Federal	\$1,500,000.00
*b. Applicant	\$180,000.00
*c. State	\$0.00
*d. Local	\$0.00
*c. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,680,000.00

***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 **5-13-11**
- 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: **Linda**

Middle Name:

*Last Name: **Schwartz**

Suffix:

*Title: **Contract Manager**

*Telephone Number: **(818) 898-2818**

Fax Number:

*Email: **linda.m.schwartz@boeing.com**

*Signature of Authorized Representative: *Linda M. Schwartz*

Date Signed: **05/09/11**