

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1 - 15, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

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

RECEIVED

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: Crescent City Harbor District	MAY - 2 2012
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5a. Federal Entity Identifier: USDA Rural Development, Community Facilities Loan	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
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State Use Only:

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

* a. Legal Name: Crescent City Harbor District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003247	* c. Organizational DUNS: 0049590600000

d. Address:

* Street1:	101 Citizens Dock Road
Street2:	
* City:	Crescent City
County/Parish:	Del Norte
* State:	California
Province:	
* Country:	United States
* Zip / Postal Code:	95531-4435

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.	* First Name: Richard
Middle Name: D.	
* Last Name: Young	
Suffix:	
Title: CEO/Harbormaster	
Organizational Affiliation:	

* Telephone Number: 707-464-6174 x 24	Fax Number: 707-465-3535
* Email: richard@ccharbor.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

City of Crescent City; County of Del Norte

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

Harbor Reconstruction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA001

* b. Program/Project CA001

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

17. Proposed Project:

* a. Start Date: 06/15/2012

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal	\$4,800,000.00
* b. Applicant	
* c. State	\$26,721,947.67
* d. Local	\$4,800,000.00
* e. Other	\$19,075,716.31
* f. Program Income	
* g. TOTAL	\$55,397,663.98

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/02/2012
- 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: Dr. * First Name: Richard

Middle Name: D.

* Last Name: Young

Suffix:

* Title: CEO/Harbormaster

* Telephone Number: 707-464-6174 x24 Fax Number: 707-465-3535

* Email: richard@ccharbor.com

* Signature of Authorized Representative: Richard Young * Date Signed: 5/2/2012

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED May 2, 2012	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Sycuan Band of the Kumyaay Nation		Organizational Unit: Sycuan Police department	
Address (give city, county, State, and zip code): 5459 Sycuan Road El Cajon, CA 92019		RECEIVED MAY - 2 2012	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0881662		7. TYPE OF APPLICANT: (enter appropriate letter in box) k	
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): _____		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) _____	
		9. NAME OF FEDERAL AGENCY: Department of Homeland Security- FEMA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 97-067		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Multi-agency comprehensive information/intelligence sharing program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ∅			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: CA 52	
Start Date 9/3/12	Ending Date 9/1/12	a. Applicant Sycuan Police Department	b. Project information sharing program
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 199,568 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/02/12 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 199,568 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. Type Name of Authorized Representative William Denke		b. Title Chief of Police	c. Telephone Number (619) 445-8710
d. Signature of Authorized Representative <i>William Denke</i>		e. Date Signed 5/2/2012	



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.

RECEIVED
 MAY - 2 2012
 STATE CLEARING HOUSE

SF 424

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

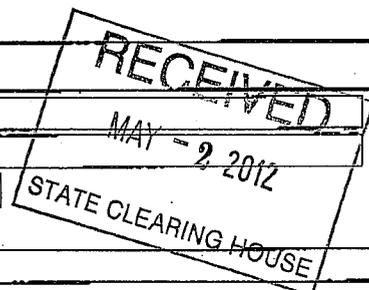
Date Submitted		Applicant Identifier		Type of Submission	
Date Received by state		State Identifier		Application	
Date Received by HUD		Federal Identifier		Pre-application	
				<input checked="" type="checkbox"/> Construction	
				<input type="checkbox"/> Construction	
				<input checked="" type="checkbox"/> Non Construction	
				<input type="checkbox"/> Non Construction	
Applicant Information					
County of Fresno		CA69019 FRESNO COUNTY			
2220 Tulare Street, 8th Floor		828927876			
Fresno		California		Public Works and Planning Department	
93721		Country U.S.A.		Community Development Division	
Employer Identification Number (EIN):		Fresno County			
94-60000512		07/01			
Applicant Type:		Specify Other Type if necessary:			
Local Government: Fresno County					
Program Funding		U.S. Department of Housing and Urban Development			
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
Community Development Block Grant		14.218 Entitlement Grant			
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)			
<ul style="list-style-type: none"> - General Management, Oversight, and Coordination - CDBG Housing Program Administration - Housing Assistance Rehabilitation Program - City Activities - Public Facilities and Infrastructure Improvement Projects - Public Service Programs 		The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.			
CDBG Grant Amount: \$2,993,766					
Anticipated Program Income: \$505,000					
Home Investment Partnerships Program		14.239 HOME			
HOME Project Titles		Description of Areas Affected by HOME Project(s)			
<ul style="list-style-type: none"> - HOME Program Administration - Homebuyer Assistance - Affordable Housing Development - Housing Assistance Rehabilitation Program 		The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.			
HOME Grant Amount: \$838,680					
Anticipated Program Income: \$500,000					

Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles: Not Applicable		Description of Areas Affected by HOPWA Project(s)	
HOPWA Grant Amount: \$0			
Emergency Solutions Grant Program		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
Emergency Solutions Grant Administration Emergency Solutions Grant		The County of Fresno	
ESG Grant Amount: \$310,687			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 4, 16, 21, 22	Project Districts: 4, 16, 21, 22		
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 DATE
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	Program has not been selected by the state for review
		<input type="checkbox"/> N/A	

Person to be contacted regarding this application		
Gigi		Gibbs
Community Development Manager	(559) 600-4292	(559) 600-4573
	www.co.fresno.ca.us	
Signature of Authorized Representative		Date Signed
		4/26/12
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
		4/26/12
Howard Himes, Director, Department of Social Services (ESG Rep.)		Date

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0262563	* c. Organizational DUNS: 786808394	
d. Address:		
* Street1: 1990 E. Gellysburg Avenue		
* Street2: <input type="text"/>		
* City: Fresno		
* County: <input type="text"/>		
* State: CA: California		
* Province: <input type="text"/>		
* Country: <input type="text"/>	USA: UNITED STATES	
* Zip / Postal Code: 93726-0244		
e. Organizational Unit:		
Department Name: Administration	Division Name: Administrative Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Ryan	
Middle Name: <input type="text"/>		
* Last Name: Kincaid		
Suffix: <input type="text"/>		
* Title: Senior Accountant		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (559) 230-6028	* Fax Number: (559) 230-6063	
* Email: ryan.kincaid@valleyair.org		



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

EPA - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

12-043

* Title:

FY-12 Near-Road NO2 Monitoring Stations

13. Competition Identification Number:

Title:

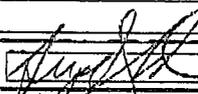
14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare

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

San Joaquin Valley Unified Air Pollution Control District Near-Road Nitrogen Dioxide Monitoring Network

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-021	* b. Program/Project CA-021
Attach an additional list of Program/Project Congressional Districts if needed.	
CA-011, CA-018, CA-019, CA-020, CA-022	
17. Proposed Project:	
* a. Start Date: 6/1/2012	* b. End Date: 5/31/2014
18. Estimated Funding (\$):	
* a. Federal	\$200,000.00
* b. Applicant	-
* c. State	-
* d. Local	-
* e. Other	-
* f. Program Income	-
* g. TOTAL	\$200,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency 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 216, 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: Seyed
Middle Name:	
* Last Name: Sadredin	
Suffix:	
* Title: Executive Director / A.P.C.O.	
* Telephone Number: (559) 230-6000	Fax Number:
* Email: seyed.sadredin@valleyselr.org	
* Signature of Authorized Representative: 	* Date Signed: 04/27/2012

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s). _____ * 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: _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 2 2012 STATE CLEARING HOUSE </div>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0262583		
d. Address:		
* Street1: 1990 E. Gettysburg Avenue	Street2: _____	
* City: Fresno	County: _____	
* State: CA: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 93726-0214	_____	
e. Organizational Unit:		
Department Name: Administration	Division Name: Administrative Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Ryan	
Middle Name: _____	_____	
* Last Name: Kincaid	_____	
Suffix: _____	_____	
Title: Senior Accountant	_____	
Organizational Affiliation: _____		
* Telephone Number: (559) 230-6028	Fax Number: (559) 230-6063	
* Email: ryan.khcaid@valleyair.org	_____	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D. Special District Government

Type of Applicant 2: Select Applicant Type:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

* Other (specify):

[Empty text box]

10. Name of Federal Agency:

EPA - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

12-026

* Title:

FY-12 nationwide fine particulate (PM2.5) monitoring network

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

Counties: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare

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

San Joaquin Valley APCD FY-12 PM2.5 Monitoring Grant

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-021	* b. Program/Project CA-021
Attach an additional list of Program/Project Congressional Districts if needed.	
CA-011, CA-018, CA-019, CA-020, CA-022	
17. Proposed Project:	
* a. Start Date: 4/01/2012	* b. End Date: 3/31/2013
18. Estimated Funding (\$):	
* a. Federal	\$108,300.00
* b. Applicant	-
* c. State	-
* d. Local	-
* e. Other	-
* f. Program Income	-
* g. TOTAL	\$108,300.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency 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: Seyed
Middle Name:	
* Last Name: Sadredin	
Suffix:	
* Title: Executive Director / A.P.C.O.	
* Telephone Number: (559) 230-6000	Fax Number:
* Email: seyed.sadredin@valloyear.org	
* Signature of Authorized Representative:	* Date Signed: 04/23/2012

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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 type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 19 APR 2012	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Williams		Organizational Unit: Department: Water Department	
Organizational DUNS:		Division:	
Address: Street: 810 East Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Charles	
City: Williams		Middle Name	
County: Colusa		Last Name: Bergson	
State: CA	Zip Code: 95987	Suffix:	
Country: USA		Email: cbergson@cityofwilliams.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 194-160904513		Phone Number (give area code) (530) 473-2955	Fax Number (give area code) (530) 473-2445
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) C. Municipal	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA RD	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 [] - [] [] [] TITLE (Name of Program) Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water System Improvements	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Williams, Colusa County, CA			
13. PROPOSED PROJECT Start Date: 01/2013 Ending Date: 12/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,457,000	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	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0		
g. TOTAL	\$ 3,457,000		
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 Charles	Middle Name	
Last Name Bergson	Suffix		
b. Title City Administrator	c. Telephone Number (give area code) (530) 473-2955		
d. Signature of Authorized Representative	e. Date Signed 10 APR 2012		

Previous Edition Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

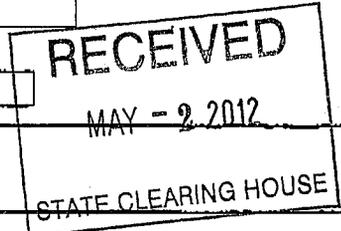
- Preapplication
- Application
- Changed/Corrected Application

*** 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:

RMW-2011-SS-00077-801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Emergency Management Agency

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

680278801

*** c. Organizational DUNS:**

3474361760000

d. Address:

*** Street1:**

3650 Schriever Avenue

Street2:

*** City:**

Mather

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95655-4203

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Kris

Middle Name:

*** Last Name:**

Whitty

Suffix:

Title:

Branch Chief

Organizational Affiliation:

*** Telephone Number:**

(916) 845-8251

Fax Number:

*** Email:**

Kris.Whitty@calema.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-12-GPD-067-000-02

*** Title:**

Fiscal Year (FY) 2012 Homeland Security Grant Program (HSGP)

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California - FY 2012 Homeland Security Grant 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: CA-003	b. Program/Project: CA-011
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 09/30/2012	* b. End Date: 09/30/2014
18. Estimated Funding (\$):	
* a. Federal	165,068,096.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	165,068,096.00
* 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	04/26/2012
<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 in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<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: Mark
Middle Name:	
* Last Name: Ghilarducci	
Suffix:	
* Title: Secretary	
* Telephone Number: (916) 845-8506	Fax Number:
* Email: Mark.Ghilarducci@calema.ca.gov	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <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: 05/01/2012	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
RECEIVED MAY 2 2012 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
B. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358	
d. Address:		
* Street1: 1831 NINTH STREET	Street2: _____	
* City: SARAMENTO	County: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811	
e. Organizational Unit:		
Department Name: DEPARTMENT OF FISH AND GAME	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: JASON	
Middle Name: _____	* Last Name: WILLIAMS	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320	
* Email: jwilliams@dfg.ca.gov		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AB00019

*** Title:**

R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

MULTIPLE COUNTIES DFG REGION 4

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

WILDLIFE MANAGEMENT AND RESOURCE ASSESSMENT - CENTRAL REGION

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="3"/>	* b. Program/Project <input type="text" value="18, 21"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="619,100.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="206,367.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="825,467.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/01/2012"/>
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/>	** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="05/01/2012"/>

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

MAY - 2 2012

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:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

808322359

d. Address:

* Street1:

1831 NINTH STREET

Street2:

* City:

SARAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

JASON

Middle Name:

* Last Name:

WILLIAMS

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F12AS00019

* Title:

R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

REGION 2 COUNTIES, (SEE LIST IN NARRATIVE)

* 15. Descriptive Title of Applicant's Project:

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WILDLIFE MANAGEMENT - NORTH CENTRAL REGION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="489,928.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="163,309.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="653,237.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	[]
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	[]
* 3. Date Received:	4. Applicant Identifier:	
05/03/2012	0620-1504	
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: University of California / Lawrence Berkeley National Laboratory		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
942951741	078576738	
d. Address:		
* Street1:	1 Cyclotron Road, MS90R4000	
Street2:	[]	
* City:	Berkeley	
County:	Alameda County	
* State:	California	
Province:	[]	
* Country:	United States	
* Zip / Postal Code:	94720-8136	
e. Organizational Unit:		
Department Name:	Division Name:	
International Energy Studies Group	Environmental Energy Technologies Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Dr.	* First Name: Jayant
Middle Name:	[]	
* Last Name:	Sathaye	
Suffix:	[]	
Title:	Senior Scientist / Principal Investigator	
Organizational Affiliation:		
Lawrence Berkeley National Laboratory		
* Telephone Number:	(510) 486-6294	Fax Number: (510) 486-5454
* Email:	JASathaye@lbl.gov	



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Federally Funded Research and Development Center (FFRDC)

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

Lawrence Berkeley National Laboratory

11. Catalog of Federal Domestic Assistance Number:

81117

CFDA Title:

Accelerating the Deployment of Energy Efficiency and Renewable Energy Technologies in Indonesia

*** 12. Funding Opportunity Number:**

DE-FOA-0000620

*** Title:**

Accelerating Clean Energy Deployment in Indonesia

13. Competition Identification Number:

Title:

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

Berkeley, California, Alameda County; Washington, D.C., Washington County

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

Accelerating Clean Energy Deployment in Indonesia

Attach supporting documents as specified in agency instructions.

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="900,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="300,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,200,000.00"/>

*** 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 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:

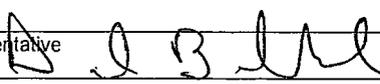
* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 26, 2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Chico	Organizational Unit: Department: General Services
Organizational DUNS: 08-528-7522	Division: Facilities - Airports
Address: Street: P.O. Box 3420	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Chico	Prefix: Mr. First Name: Kim RECEIVED
County: Butte	Middle Name:
State: California Zip Code: 95927	Last Name: Parks MAY - 3 2012
Country: USA	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308	Email: KParks@ci.chico.ca.us STATE CLEARING HOUSE
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) C. Municipal Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California Rehabilitate AWOS - Add Ceilometer Update Marking, Lighting, Signage to Current F.A.A. Standards
13. PROPOSED PROJECT Start Date: 2012 Ending Date: 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 142,110.00 b. Applicant \$ 15,790.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 157,900.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 27, 2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: Mr. First Name: David Middle Name:	Last Name: Burkland Suffix:
b. Title: City Manager	c. Telephone Number (give area code): (530) 896-7200
d. Signature of Authorized Representative: 	e. Date Signed: 5/1/12

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 Authorized for Local Reproduction

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a.
 PARTICIPATION IN FEDERAL, STATE, OR OTHER
 FUNDING ASSISTANCE PROGRAMS AS CONTAINED
 IN THE 2011-12 ANNUAL BUDGET

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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 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): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____				
5a. Federal Entity Identifier: P-143-D-2	* 5b. Federal Award Identifier: _____				
State Use Only:					
6. Date Received by State: 04/01/2012	7. State Application Identifier: G1298028				
8. APPLICANT INFORMATION:					
* a. Legal Name: State of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358				
d. Address:					
* Street1:	1831 Ninth Street				
* Street2:	_____				
* City:	Sacramento				
* County:	_____				
* State:	CA: California				
* Province:	_____				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95811				
e. Organizational Unit:					
Department Name: CA Department of Fish and Game	Division Name: Grants Management Branch				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: Pete				
Middle Name:	_____				
* Last Name:	Marcellana				
Suffix:	_____				
Title:	Grants Administrator				
Organizational Affiliation: _____					
* Telephone Number: 916-445-3694	* Fax Number: 916-327-6320				
* Email: pmarcellana@dfg.ca.gov					

RECEIVED
MAY - 4 2012
STATE CLEARING HOUSE

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:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

RS (CA/NV) Sport Fish Restoration Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Statewide

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

Region 2 - Stream & Lake Improvement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="635,339.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="211,780.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="847,119.00"/>

* 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 28, Section 1001)

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED April 30, 2012	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CITY OF MADERA	Organizational Unit: Department: MADERA MUNICIPAL AIRPORT
Organizational DUNS: 142988646	Division:
Address: Street: 4020 AVIATION DRIVE	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: DAVE
City: MADERA	Middle Name:
County: MADERA	Last Name: RANDALL
State: CA Zip Code: 93637	Suffix:
Country: USA	Email: drandall@cityofmadera.com

RECEIVED
 MAY - 4 2012
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 -

Phone Number (give area code): (559) 661-3687
 Fax Number (give area code): (559) 674-7165

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

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

9. NAME OF FEDERAL AGENCY:
 FEDERAL AVIATION ADMINISTRATION

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Madera Municipal Airport, Madera, California:
 Airport Layout Plan Update

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

13. PROPOSED PROJECT
 Start Date: 2012 Ending Date: 2012

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 19 b. Project 19

15. ESTIMATED FUNDING:

a. Federal	\$	67,500 ⁰⁰
b. Applicant	\$	5,812 ⁰⁰
c. State	\$	1,688 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	0 ⁰⁰
f. Program Income	\$	0 ⁰⁰
g. TOTAL	\$	75,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: MAY 1, 2012
 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 DAVID	Middle Name R
Last Name TOOLEY	Suffix	
b. Title CITY ADMINISTRATOR	c. Telephone Number (give area code) (559) 661-5400	
d. Signature of Authorized Representative	e. Date Signed 4/5/12	

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:** East Bay Community Recovery Project

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3103486	*c. Organization DUNS: 8085553870000
---	--

d. Address

*Street1: 2579 San Pablo Avenue	RECEIVED MAY 4 2012 STATE CLEARING HOUSE
Street2: _____	
*City: Oakland	
County/Parish: _____	
*State: CA	
Province: _____	
*Country: _____	
*Zip/Postal Code: 94612	

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: Marta
Middle Name: _____	
*Last Name: Rose	
Suffix: _____	

Title: _____

Organizational Affiliation:

*Telephone Number: 510-446-7111 Fax Number: 510-446-7191

*Email: mrose@ebcrp.org

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:

SAMHSA

11. Catalog of Federal Domestic Assistance Number

CFDA Title:

***12. Funding Opportunity Number:**

TI-12-003

*Title:

Offender Reentry Program

13. Competition Identification Number:

Title:

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

Alameda County, CA

15. Descriptive Title of Applicant's Project:

CCCRI: Comprehensive Community Corrections Reentry Initiative

Attach supporting documents as specified in agency instructions.

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="400,000.00"/>
*b. Applicant	<input type="text" value="0"/>
*c. State	<input type="text" value="0"/>
*d. Local	<input type="text" value="0"/>
*e. Other	<input type="text" value="0"/>
*f. Program Income	<input type="text" value="0"/>
*g. TOTAL	<input type="text" value="400,000.00"/>

*** 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 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.

a. Authorized Representative

Prefix:

*First Name: Marta

Middle Name:

Last Name: Rose

Suffix:

*Title: Associate Executive Director

*Telephone Number:

Fax Number:

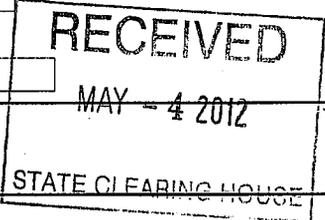
*Email: mrose@ebcrp.org

*Signature of Authorized Representative: *Marta Rose*

Date Signed:

Application for Federal Assistance SF-424

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



* 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): 9 5 6 0 0 0 9 4 4	* c. Organizational DUNS: 066691122

d. Address:

* Street1:	Hall of Administration
Street2:	800 S. Victoria Avenue, L#1940
* City:	Ventura
County:	Ventura
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	93009-1940

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) 654-2670	Fax Number: (805) 654-5106
* Email: Christy.Madden@ventura.org	

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:

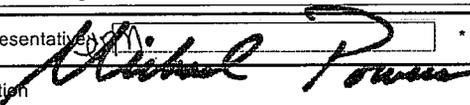
18. Estimated Funding (\$):

* a. Federal	<input type="text" value="49,346.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="49,346.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="98,692.00"/>

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

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

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

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: S-12-UC-06-0507	RECEIVED MAY - 7 2012
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: County of Ventura		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 5 6 0 0 0 9 4 4	* c. Organizational DUNS: 066691122	
d. Address:		
* Street1: Hall of Administration	Street2: 800 S. Victoria Avenue, L#1940	
* City: Ventura	County: Ventura	
* State: CA	Province: _____	
* Country: USA	* Zip / Postal Code: 93009-1940	
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) 654-2670	Fax Number: (805) 654-5106	
* Email: Christy.Madden@ventura.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C. County

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 Solutions Grant 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 2012-13 Annual Plan - Emergency Solutions Program

Attach supporting documents as specified in agency instructions.

[Add Attachment](#) [Delete Attachment](#) [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="156,399.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="156,399.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="312,798.00"/>

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

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

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

Yes No

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

** I AGREE

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

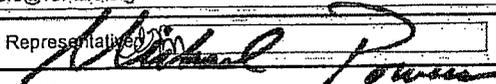
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

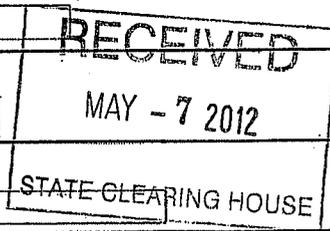
* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: B-12-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): 9 5 6 0 0 0 9 4 4	* c. Organizational DUNS: 066691122
--	--

d. Address:

* Street1:	Hall of Administration
Street2:	800 S. Victoria Avenue, L#1940
* City:	Ventura
County:	Ventura
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	93009-1940

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) 654-2670	Fax Number: (805) 654-5106
------------------------------------	----------------------------

* Email: Christy.Madden@ventura.org

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

C. County

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:

14218

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 2012-13 Annual Plan - Community Development Block Grant Program

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

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="1,429,015.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,429,015.00"/>

*** 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.

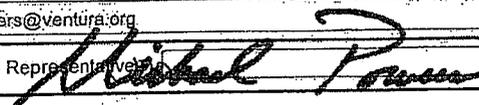
Authorized Representative:

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			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(a): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p></td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(a): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(a): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p>			
<p>* 3. Date Received: <input type="text"/></p> <p>Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>			
<p>6a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p>			
State Use Only:					
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>			
B. APPLICANT INFORMATION:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>MAY - 7 2012</p> <p>STATE CLEARING HOUSE</p> </div>			
<p>* a. Legal Name: <input type="text" value="State of California"/></p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/></p>	<p>* c. Organizational DUNS: <input type="text" value="808322358"/></p>				
d. Address:					
<p>* Street1: <input type="text" value="1831 9th Street"/></p> <p>Street2: <input type="text"/></p> <p>* City: <input type="text" value="Sacramento"/></p> <p>County: <input type="text"/></p> <p>* State: <input type="text" value="CA: California"/></p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text" value="USA: UNITED STATES"/></p> <p>* Zip / Postal Code: <input type="text" value="95811"/></p>					
e. Organizational Unit:					
<p>Department Name: <input type="text" value="Fish and Game"/></p>		<p>Division Name: <input type="text" value="Grants Management Branch"/></p>			
f. Name and contact information of person to be contacted on matters involving this application:					
<p>Prefix: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text" value="Wong"/></p> <p>Suffix: <input type="text"/></p> <p>* First Name: <input type="text" value="Steve"/></p> <p>Title: <input type="text" value="Grant Administrator"/></p> <p>Organizational Affiliation: <input type="text"/></p> <p>* Telephone Number: <input type="text" value="(916)"/> Fax Number: <input type="text"/></p> <p>* Email: <input type="text" value="swong@dfg.ca.gov"/></p>					

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:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

RB (CA/NV) Sport Fish Restoration Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

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

CALIFORNIA NATIVE TROUT CONSERVATION & FISHERIES ENHANCEMENT

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="104,880.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="34,960.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="139,840.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 5/2/2012	Applicant Identifier FTA Recipient ID# 1658
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Sacramento Area Council of Governments	RECEIVED MAY - 8 2012 STATE CLEARING HOUSE	Organizational DUNS: 555895705	Organizational Unit: Department:	
Address: Street: 1415 L Street, Suite 300		Division:	Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Gary	Middle Name
County: Sacramento		Last Name Taylor	Suffix:	
State: California	Zip Code 95814	Email: gtaylor@sacog.org		
Country: USA	6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="checkbox"/> 8 - 0 1 5 3 1 6 2		Phone Number (give area code) 916-340-6279	
		Fax Number (give area code) 916-321-9551		

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) change in funding type from operations to capital	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="checkbox"/> 2 0 - 6 0 7	9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento and West Sacramento	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Downtown/Riverfront Transit Alternatives Project

13. PROPOSED PROJECT Start Date: 5/31/12	Ending Date: 6/30/13	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,200,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/2/2012	
b. Applicant	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local Subrecipients	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 155,473 ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 1,355,473 ⁰⁰		

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

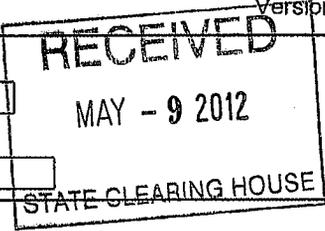
a. Authorized Representative

Prefix	First Name David	Middle Name
Last Name Ghiorso		Suffix
b. Title Director of Finance		c. Telephone Number (give area code) 916-340-6258
d. Signature of Authorized Representative		e. Date Signed 5/2/12

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: <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: Glenn Medical Center, Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0494719	* c. Organizational DUNS: 161913991

d. Address:

* Street 1: 1133 W. Sycamore St.
Street 2: _____
* City: Willows
County: _____
* State: CA
Province: _____
* Country: USA; UNITED STATES
* Zip / Postal Code: 95988

e. Organizational Unit:

Department Name: Administration	Division Name: _____
------------------------------------	-------------------------

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

Prefix: Mr.	* First Name: Drew
Middle Name: W.	_____
* Last Name: May	_____
Suffix: _____	_____
Title: Financial Advisor	_____
Organizational Affiliation: Red Capital Group	_____
* Telephone Number: (614) 857-3149	Fax Number: (614) 857-9643
* Email: dwmay@redcapitalgroup.com	_____

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Non-Profit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

USDA Rural Development Community Facilities

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

*** Title:**

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

N/A

Title:

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

City of Willows, California
Glenn County, California

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

The Glenn Medical Center Facility Replacement Project

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="\$15,900,000.00"/>
* b. Applicant	<input type="text" value="\$2,000,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$1,730,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$19,240,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

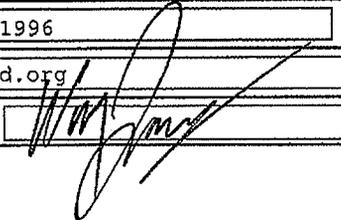
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier California Department of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE May 8, 2012	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 12-8506-0572-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 325		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Carol
County: Sacramento		Middle Name	
State: California		Last Name Gentry	
Zip Code: 95814	Suffix:		
Country: USA		Email: cgentry@cdfa.ca.gov	

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 403-6645	Fax Number (give area code) (916) 653-2403
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA/ APHIS/ PPQ	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phytophthora ramorum Program	
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California (statewide)			

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: July 1, 2012	Ending Date: June 30, 2013	a. Applicant California	b. Project California
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,491,204 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 9, 2012	
b. Applicant	\$ ⁰⁰	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 2,491,204 ⁰⁰		

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

a. Authorized Representative			
Prefix Ms.	First Name Kathy	Middle Name	
Last Name Alameda		Suffix	
b. Title Federal Funds Manager		c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative <i>Kathy Alameda</i>		e. Date Signed 5/9/12	



SF 424

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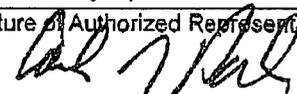
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

SF 424

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

Date Submitted May 1, 2012	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<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		7/1/2012	
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 2012-13 CDBG Projects		Description of Areas Affected by CDBG Project(s) City of Watsonville, California	
\$737,350	\$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 5/1
		<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		
Jackie	Middle Initial	Ventura
Administrative Analyst	831-768-3080	831-763-4114
jackie.ventura@cityofwatsonville.org	www.cityofwatsonville.org	Other Contact
Signature of Authorized Representative 		May 1, 2012
Carlos J. Palacios, City Manager		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
<p>* 1.a. Type of Submission:</p> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other <p>* Other (specify)</p>	<p>* 1.b. Frequency:</p> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <p>* Other (specify)</p>	<p>* 1.d. Version:</p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <p>* 2. Date Received: Completed by Grants.gov upon submission.</p> <p>3. Applicant Identifier:</p> <p>4a. Federal Entity Identifier:</p> <p>4b. Federal Award Identifier:</p>
<p>1.c. Consolidated Application/Plan/Funding Request?</p> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:		<p>STATE USE ONLY:</p> <p>5. Date Received by State:</p> <p>6. State Application Identifier:</p>
<p>7. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: Yurok Tribe</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 680178020</p>		<p>* c. Organizational DUNS: 622970366</p>
<p>d. Address:</p>		
<p>* Street1: Post Office Box 1027 190 Klamath Boulevard</p>		<p>Street2:</p>
<p>* City: Klamath</p>		<p>County: Del Norte</p>
<p>* State: CA: California</p>		<p>Province:</p>
<p>* Country: USA: UNITED STATES</p>		<p>* Zip / Postal Code: 95548-1027</p>
<p>e. Organizational Unit:</p>		
<p>Department Name: Planning & Community Developm</p>		<p>Division Name: Transportation</p>
<p>f. Name and contact information of person to be contacted on matters involving this submission:</p>		
<p>Prefix: Mr.</p>	<p>* First Name: Joe</p>	<p>Middle Name:</p>
<p>* Last Name: James</p>		<p>Suffix:</p>
<p>Title: Transportation Manager</p>		
<p>Organizational Affiliation:</p>		
<p>* Telephone Number: 707-482-1350, ext. 1355</p>		<p>Fax Number: 707-482-1365</p>
<p>* Email: jjames@yuroktribe.nsn.us</p>		

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APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

I: Indian/Native American Tribal Government (Federally Recognized)

*** Other (specify):**

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.509

CFDA Title:

Formula Grants for Other Than Urbanized Areas

11. Areas Affected by Funding:

Klamath, Klamath Glen, Requa, Weitchpec, Wautec, Cappell, Pecwan, Martin's Ferry, Ke-nek, Notchko, Mettah, Humboldt County, Del Norte County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA001

b. Program/Project:

CA001

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2012

b. End Date:

09/30/2013

14. ESTIMATED FUNDING:

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

269,744.00

b. Match (\$):

33,025.00

*** 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: 05/10/2012

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<input type="text" value="Explanation"/>
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 <input checked="" type="checkbox"/>		
** 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: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Thomas"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="O'Rourke"/>		
Suffix: <input type="text" value="Sr."/>	* Title: <input type="text" value="Tribal Chairman"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="707-482-1350"/>		
* Fax Number: <input type="text" value="707-482-1373"/>		
* Email: <input type="text" value="torourke@yuroktribe.nsn.us"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>		
* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

APPLICATION FOR FEDERAL ASSISTANCE

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		2. Date Submitted (mm/dd/yyyy) May 10, 2012	Applicant Identifier B-11-MC-0575
3. Date Received by State (mm/dd/yyyy)		State Applicant Identifier	
4. Date Received by Federal Agency (mm/dd/yyyy)		Federal Identifier	

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STATE CLEARING HOUSE

5. APPLICANT INFORMATION Legal Name: City of Vista Address (give city, county, state, and zip code): 200 Civic Center Drive Vista, CA 92084		Organizational Unit: Municipal Government 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) 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): 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: Start Date (mm/dd/yyyy): 7/1/12 Ending Date (mm/dd/yyyy): 6/30/13	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 49 th Congressional District b. Project: 49 th Congressional District															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:70%;">\$ 908,546</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 908,546</td> </tr> </table>	a. Federal	\$ 908,546	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 908,546	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) <u>05/10/2012</u> 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	\$ 908,546															
b. Applicant	\$															
c. State	\$															
d. Local	\$															
e. Other	\$															
f. Program Income	\$															
g. TOTAL	\$ 908,546															
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 Patrick Johnson	b. Title City Manager	c. Telephone number (760) 639-6131														
d. Signature of Authorized Representative 	e. Date Signed 05/13/2008 May 10, 2012															

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:

Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Housing Preservation Grant

*12. Funding Opportunity Number: 10-433

*Title: Housing Preservation Grant

13. Competition Identification Number: na

Title:

na

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

Shasta and Tehama Counties, California

*15. Descriptive Title of Applicant's Project:

scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama counties, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **2nd**

*b. Program/Project: **2nd**

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

17. Proposed Project:

*a. Start Date: **9/1/12**

*b. End Date: **9/1/14**

18. Estimated Funding (\$):

*a. Federal	\$100,000.00
*b. Applicant	
*c. State	\$250,000.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$350,000.00

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 **5/10/12**
- 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: **Keith**

Middle Name:

*Last Name: **Griffith**

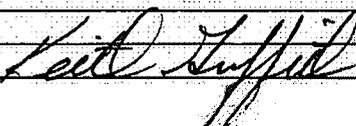
Suffix:

*Title: **Executive Director**

*Telephone Number: **530-378-6904**

Fax Number: **530-378-6910**

*Email: **kgrif@shhip.org**

*Signature of Authorized Representative:  Date Signed: **5/10/12**

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:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

CE-00T47801-1

State Use Only:

6. Date Received by State:

7. State Application Identifier:

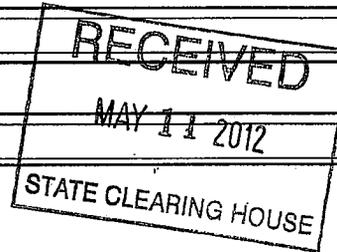
8. APPLICANT INFORMATION:

*** a. Legal Name:** Association of Bay Area Governments

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**
94-283478

*** c. Organizational DUNS:**

07-907-3920



d. Address:

*** Street1:** P.O. Box 2050

Street2: 101 Eighth Street

*** City:** Oakland

County: Alameda

*** State:** CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:** 94604-2050

e. Organizational Unit:

Department Name:

San Francisco Estuary Partnership

Division Name:

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

Prefix:

Ms.

*** First Name:**

Judy

Middle Name:

A.

*** Last Name:**

Kelly

Suffix:

Title: Director, San Francisco Estuary Partnership

Organizational Affiliation:

Association of Bay Area Governments

*** Telephone Number:** 510-622-8137

Fax Number: 510-622-2501

*** Email:** jakelly@waterboards.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Regional organization-Local Government Agency

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

Clean Water Act Section 320 National Estuary Program

*** 12. Funding Opportunity Number:**

CA Section 320

* Title:

National Estuary Program

13. Competition Identification Number:

Title:

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

Nine Bay Area counties and portions of 3 Delta counties surrounding the San Francisco Bay Estuary

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

San Francisco Estuary Partnership Implementation of the Comprehensive Conservation and Management Plan (CCMP) for the San Francisco Bay Estuary.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant 9	* b. Program/Project 1-3,10-12,12-16
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 10/01/2012	* b. End Date: 09/30/2013
18. Estimated Funding (\$):	
* a. Federal	\$ 597,333.00
* b. Applicant	\$ 25,727.00
* c. State	\$ 272,575.00
* d. Local	\$ 305,509.00
* e. Other	
* f. Program Income	
* g. TOTAL	\$ 1,201,144.00
* 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	05/08/2012
<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.) Applicant Federal Debt Delinquency 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: Ms.	* First Name: Patricia
Middle Name: M.	
* Last Name: Jones	
Suffix: <input type="text"/>	
* Title: Acting Executive Director	
* Telephone Number: 510-464-7933	Fax Number: 510-464-7985
* Email: patj@abag.ca.gov	
* Signature of Authorized Representative: <i>Patricia M Jones</i>	* Date Signed: 5-9-12

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): _____
---	---	--

RECEIVED
MAY 11 2012
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: University of Southern California	
* b. Employer/Taxpayer Identification Number (EINTIN): 95-1642394	* c. Organizational DUNS: 0729333930000

d. Address:

* Street1: 3720 S. Flower Street, 3rd Floor
Street2: _____
* City: Los Angeles
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 90089-0701

e. Organizational Unit:

Department Name: Contracts & Grants	Division Name: _____
--	-----------------------------

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

Prefix: _____	* First Name: Vicki
Middle Name: _____	
* Last Name: Iwata	
Suffix: _____	

Title: Contracts & Grants Administrator
--

Organizational Affiliation:

* Telephone Number: (213) 740-6056	Fax Number: (213) 740-6070
---	-----------------------------------

* Email: viwata@usc.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Structural System Identification of Buildings for Early Post Earthquake Damage Detection - Wave Method Calibration using ANSS and other Data

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="74,869.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="74,869.00"/>

*** 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:

RECEIVED
MAY 14 2012
STATE CLEARING HOUSE



SF 424

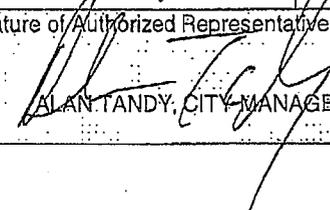
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

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 14, 2012		B-12-06-0610		Type of Submission	
Date Received by state		State Identifier		Application	
Date Received by HUD		Federal Identifier		<input checked="" type="checkbox"/> Construction	
				<input type="checkbox"/> Non Construction	
				<input type="checkbox"/> Construction	
				<input type="checkbox"/> Non Construction	
Applicant Information					
City of Bakersfield			CA60228 BAKERSFIELD		
1600 Truxtun Avenue, Suite 300			02-8514136		
0			City of Bakersfield		
Bakersfield		California		Economic and Community Development	
93301		U.S.		0	
Employer Identification Number (EIN):			Kern		
95-6000672			7/1		
Applicant Type:			Specify Other Type if necessary:		
Local Government: City			0		
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 This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community			Description of Areas Affected by CDBG Project(s) City of Bakersfield		
\$3,007,770		\$Additional HUD Grant(s) Leveraged		Describe	
		\$0		N/A	
\$Additional Federal Funds Leveraged			\$Additional State Funds Leveraged		
\$0			\$0		
\$Locally Leveraged Funds			\$Grantee Funds Leveraged		
\$0			\$0		
\$Anticipated Program Income			Other (Describe)		
\$7,000					
Total Funds Leveraged for CDBG-based Project(s)					
Home Investment Partnerships Program			14.239 HOME		
HOME Project Titles This program is designed to address local housing needs.			Description of Areas Affected by HOME Project(s) City of Bakersfield		
\$HOME Grant Amount		\$Additional HUD Grant(s) Leveraged		Describe	
\$1,026,992					
\$Additional Federal Funds Leveraged			\$Additional State Funds Leveraged		
\$Locally Leveraged Funds			\$Grantee Funds Leveraged		

\$Anticipated Program Income \$30,000		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount N/A	\$Additional HUD Grant(s) Leveraged N/A	Describe N/A	
\$Additional Federal Funds Leveraged N/A		\$Additional State Funds Leveraged N/A	
\$Locally Leveraged Funds N/A		\$Grantee Funds Leveraged N/A	
\$Anticipated Program Income N/A		Other (Describe) N/A	
Total Funds Leveraged for HOPWA-based Project(s) N/A			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.		Description of Areas Affected by ESG Project(s) City of Bakersfield	
\$ESG Grant Amount \$262,778	\$Additional HUD Grant(s) Leveraged \$0	Describe N/A	
\$Additional Federal Funds Leveraged \$0		\$Additional State Funds Leveraged \$0	
\$Locally Leveraged Funds \$0		\$Grantee Funds Leveraged \$0	
\$Anticipated Program Income \$0		Other (Describe) N/A	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 20 th and 21 st	Project Districts 20 th and 21 st		
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 5/14/12.
		<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		
Ryan	A.	Bland
Associate Planner	661 326-3765	661 852-2138
rbland@bakersfieldcity.us	www.bakersfieldcity.us	
Signature of Authorized Representative  ALAN TANDY, CITY MANAGER		Date Signed 5/11/12



SF 424

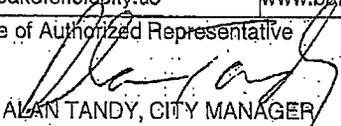
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

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 14, 2012	B-11-06-0610	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
City of Bakersfield		CA60228 BAKERSFIELD	
1600 Truxtun Avenue, Suite 300		02-8514136	
0		City of Bakersfield	
Bakersfield	California	Economic and Community Development	
93301	U.S.	0	
Employer Identification Number (EIN):		Kern	
95-6000672		7/1	
Applicant Type:		Specify Other Type if necessary:	
Local Government: City		0	
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 This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community		Description of Areas Affected by CDBG Project(s) City of Bakersfield	
\$0	\$Additional HUD Grant(s) Leveraged	Describe N/A	
\$0	\$0	\$Additional State Funds Leveraged	
\$0	\$Additional Federal Funds Leveraged	\$0	
\$0	\$Locally Leveraged Funds	\$Grantee Funds Leveraged	
\$0	\$Anticipated Program Income	\$0	
\$0	\$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles This program is designed to address local housing needs.		Description of Areas Affected by HOME Project(s) City of Bakersfield	
\$0	\$HOME Grant Amount	\$Additional HUD Grant(s) Leveraged Describe	
\$0	\$Additional Federal Funds Leveraged	\$Additional State Funds Leveraged	
\$0	\$Locally Leveraged Funds	\$Grantee Funds Leveraged	

\$Anticipated Program Income \$0		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount N/A	\$Additional HUD Grant(s) Leveraged N/A	Describe N/A	
\$Additional Federal Funds Leveraged N/A		\$Additional State Funds Leveraged N/A	
\$Locally Leveraged Funds N/A		\$Grantee Funds Leveraged N/A	
\$Anticipated Program Income N/A		Other (Describe) N/A	
Total Funds Leveraged for HOPWA-based Project(s) N/A			
Emergency Shelter Grants Program		14.231 ESG	
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.		Description of Areas Affected by ESG Project(s) City of Bakersfield	
\$ESG Grant Amount \$82,863	\$Additional HUD Grant(s) Leveraged \$0	Describe N/A	
\$Additional Federal Funds Leveraged \$0		\$Additional State Funds Leveraged \$0	
\$Locally Leveraged Funds \$0		\$Grantee Funds Leveraged \$0	
\$Anticipated Program Income \$0		Other (Describe) N/A	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts 20 th and 21 st	Project Districts 20 th and 21 st		
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 5/14/12.
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	Program has not been selected by the state for review
		<input type="checkbox"/> N/A	

Person to be contacted regarding this application		
Ryan	A.	Bland
Associate Planner	661 326-3765	661 852-2138
dkunz@bakersfieldcity.us	www.bakersfieldcity.us	
Signature of Authorized Representative  ALAN TANDY, CITY MANAGER		Date Signed 5/11/12

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

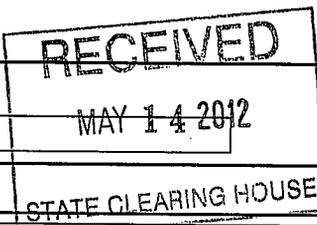
* If Revision, select appropriate letter(s):

* 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:

Indian Dispute Resolution Services, Inc.

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

94-3145119

* c. Organizational DUNS:

8496713750000

d. Address:

* Street1:

1325 Howe Ave

Street2:

Suite 201

* City:

Sacramento

County/Parish:

Sacramento

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95825-3364

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:

Mark

Middle Name:

Andrew

* Last Name:

Thompson

Suffix:

Title:

Business Manager

Organizational Affiliation:

* Telephone Number:

916-482-5800

Fax Number:

916-482-5808

* Email:

mark@indiandispute.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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.446

CFDA Title:

Rural Community Development Initiative

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-RCDI-2012

* Title:

Rural Community Development Initiative (RCDI)

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Restoring Forest Health and Building Tribal Economies

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="191,109.00"/>
* b. Applicant	<input type="text" value="191,109.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="382,218.00"/>

*** 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:

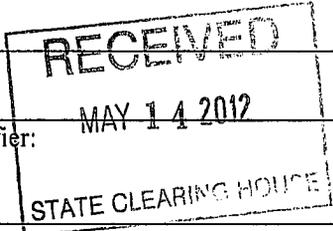
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance 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. 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: TechAmerica Foundation			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2791685		*c. Organizational DUNS: 832245588	
d. Address:			
*Street1: 601 Pennsylvania Avenue, NW			
Street 2: North Bldg, Ste 600			
*City: Washington			
County:			
*State: DC			
Province:			
Country:			
*Zip/ Postal Code: 20004			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name:	
Middle Name:			
*Last Name:			
Suffix:			
Title:			
Organizational Affiliation:			
*Telephone Number:		Fax Number:	
*Email:			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

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:

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:

To explore a rural location in California for a domestic sourcing opportunity and to encourage companies to locate their business operations here.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

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

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: Jennifer

Middle Name:

*Last Name: Kerber

Suffix:

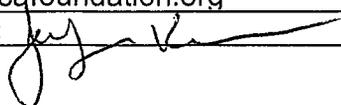
*Title: President

*Telephone Number: 703-284-5337

Fax Number:

*Email: jennifer.kerber@techamericafoundation.org

*Signature of Authorized Representative:



Date Signed: 5-9-12

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 4/13/2012	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The Regents of the University of California		Organizational Unit: Department: Office of Research	
Organizational DUNS: 627797426		Division: Sponsored Programs Office	
Address: Street: 200 University Office Building		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Riverside		Prefix: Mr.	First Name: Robert
County: Riverside		Middle Name:	
State: CA		Last Name: Chan	
Zip Code: 92521-0217		Suffix:	
Country: USA		Email: robert.chan@ucr.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006142		Phone Number (give area code) (951) 827-7986	Fax Number (give area code) (951) 827-4483
8. TYPE OF APPLICATION: Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A. Increase Award C. Increase Duration Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) I. Public/State Controlled Institution/Higher Ed Hispanic Serving Institution Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.652 Forestry Research Other (specify):		9. NAME OF FEDERAL AGENCY: USDA Forest Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ALL		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Biological Control of Goldspotted Oak Borer	
13. PROPOSED PROJECT Start Date: 09/01/2011 Ending Date: 08/31/2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-44 b. Project: CA-ALL	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 56,967.00	a. Yes. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/11/2012 PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$ 29,623.00	b. No. <input type="checkbox"/>	
c. State	\$.00	<input type="checkbox"/>	
d. Local	\$.00	<input type="checkbox"/>	
e. Other	\$.00	<input type="checkbox"/>	
f. Program Income	\$.00	<input type="checkbox"/>	
g. TOTAL	\$ 86,590.00	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.			
a. Authorized Representative			
Prefix Mr.	First Name: Robert	Middle Name:	
Last Name: Chan		Suffix:	
b. Title: Senior Contract and Grant Officer		c. Telephone Number (give area code) (951) 827-7786	
Email: robert.chan@ucr.edu		Fax Number (give area code) (951) 827-4483	
d. Signature of Authorized Representative		e. Date Signed: 4/13/2012	

RECEIVED
MAY 14 2012
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424		
* 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:	
Completed by Grants.gov upon submission.	Habitat for Humanity Lake County, CA Inc.	
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:	Habitat for Humanity Lake County, CA Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
68-0459736	078392903	
d. Address:		
* Street1:	PO Box 1830	
Street2:		
* City:	Lower Lake	
County/Parish:		
* State:	CA	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95467	
e. Organizational Unit:		
Department Name:	Division Name:	
Resource Development		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Richard
Middle Name:		
* Last Name:	Blrk	
Suffix:		
Title:	President	
Organizational Affiliation:		
President of Habitat for Humanity Lake County, CA		
* Telephone Number:	707-994-1100	Fax Number: 707-994-1450
* Email:	main@lakshabitat.org	

RECEIVED
MAY 14 2012
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-profit, affordable housing 501 (c) 3 corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Housing Preservation Grant

*** 12. Funding Opportunity Number:**

USDA-RD-HPG-533-2012

* Title:

Housing Preservation Grant

13. Competition Identification Number:

Habitat for Humanity Lake County CA Inc.

Title:

HRR Project 3

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

Lake County, CA

Add Attachment

Delete Attachment

View Attachment

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

Home Repair and Rehabilitation Project 3

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 California 1

* b. Program/Project California 1

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012

* b. End Date: 9/30/2013

18. Estimated Funding (\$): 91,000.00

* a. Federal	75,000
* b. Applicant	16,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

* 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 5/14/2012
- 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 210, 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: Middle Name: * Last Name: Blrk Suffix:

* First Name: Richard

* Title: President

* Telephone Number: 707-994-1100

Fax Number: 707-994-1450

* Email: main@lakehabitat.org

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

* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

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

RECEIVED
MAY 15 2012
STATE CLEARING HOUSE

* 3. Date Received:	* 4. Applicant Identifier: nLiten Energy Corporation
---------------------	---

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): 8-0: 0460624	* c. Organizational DUNS: 808669647
---	--

d. Address:

* Street1: 650 Castro Street
* Street2: Suite 120-422
* City: Mountain View
* County: Santa Clara
* State: California
* Province:
* Country: United States of America
* 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: co-founder and CEO

Organizational Affiliation:

nLiten Energy

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

* Email: chinah@nlitenenergy.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

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:

81 067

CFDA Title:

* 12. Funding Opportunity Number:

DE-FOA-0000651

* Title:

SunShot Incubator Program

13. Competition Identification Number:

Title:

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

San Jose, CA

Golden, CO

* 15. Descriptive Title of Applicant's Project:

High-Efficiency Thin-Film Photovoltaic Modules Using Nanostructured Substrates

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-014

* b. Program/Project CA-014

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

CO-007

17. Proposed Project:

* a. Start Date: 10/01/2012

* b. End Date: 09/30/2012

18. Estimated Funding (\$):

* a. Federal	296,000.00
* b. Applicant	75,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	371,000.00

* 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 05/14/2012

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: Dr. * First Name: Alan

Middle Name:

* Last Name: Chin

Suffix:

* Title: co-founder and CEO

* Telephone Number: (650) 964-1828

Fax Number:

* Email: chinah@nlttenenergy.com

* Signature of Authorized Representative: 

* Date Signed: 5/14/12

OMB Number: 4040-0004
Expiration Date: 01/31/2008

Application for Federal Assistance SF-424		Version 02			
<table border="1"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 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): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____				
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 15 2012 STATE CLEARING HOUSE </div>					
State Use Only:					
6. Date Received by State: _____	7. State Application Identifier: _____				
8. APPLICANT INFORMATION:					
* a. Legal Name: STATE OF CALIFORNIA					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358				
d. Address:					
* Street1: 1831 NINTH STREET	Street2: _____				
* City: SACRAMENTO	County: _____				
* State: CA: California	Province: _____				
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811				
e. Organizational Unit:					
Department Name: DEPARTMENT OF FISH AND GAME	Division Name: GRANTS MANAGEMENT BRANCH				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: JASON				
Middle Name: _____	* Last Name: WILLIAMS				
Suffix: _____	Title: GRANT ADMINISTRATOR				
Organizational Affiliation: _____					
* Telephone Number: 916-327-0062	* Fax Number: 916-327-6320				
* Email: jwilliams@dfg.ca.gov					

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12A800019

* Title:

R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WATERFOWL PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

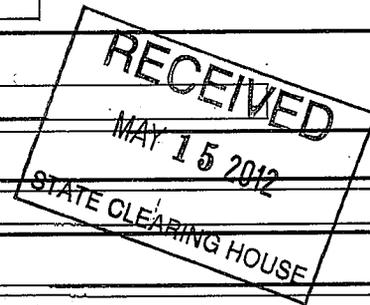
View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="3"/>	* b. Program/Project <input type="text" value="ALL"/>
Attach an additional list of Program/Project Congressional Districts If needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="244,528.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="81,509.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="326,037.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05/15/2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
Authorized Representative:		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="lbyaa@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </p>		
<p>* 3. Date Received: Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier: <input type="text"/></p>
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>B. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567</p>		<p>* c. Organizational DUNS: 808322358</p>
<p>d. Address:</p>		
<p>* Street1: 1831 NINTH STREET</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: SACRAMENTO</p>		
<p>County: <input type="text"/></p>		
<p>* State: CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: USA: UNITED STATES</p>		
<p>* Zip / Postal Code: 95811</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: DEPARTMENT OF FISH AND GAME</p>		<p>Division Name: GRANTS MANAGEMENT BRANCH</p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: Mr. * First Name: JASON</p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: WILLIAMS</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: GRANT ADMINISTRATOR</p>		
<p>Organizational Affiliation: Grants Management Branch</p>		
<p>* Telephone Number: 916-327-0062</p>		<p>Fax Number: 916-327-6320</p>
<p>* Email: jwilliams@dfg.ca.gov</p>		



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:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F12AS00019

* Title:

RE (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

STATEWIDE

* 16. Descriptive Title of Applicant's Project:

WILDLIFE HABITAT INVENTORIES AND RESEARCH BLACK BEAR POPULATION ASSESSMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="3"/>	* b. Program/Project <input type="text" value="STATE"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="233,269.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="77,756.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="311,025.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/15/2012"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Application for Federal Assistance SF-424 Version 02

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

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* 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"/>
---	--

State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-3145119"/>	* c. Organizational DUNS: <input type="text" value="849671375"/>
--	---

d. Address:

* Street 1:	<input type="text" value="1325 Howe Ave."/>
Street 2:	<input type="text" value="Suite 201"/>
* City:	<input type="text" value="Sacramento"/>
County:	<input type="text" value="Sacramento"/>
* State:	<input type="text" value="CA"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95825-3364"/>

e. Organizational Unit:

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

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Mark"/>
Middle Name: <input type="text" value="Andrew"/>	
* Last Name: <input type="text" value="Thompson"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(916) 482-5800"/>	Fax Number: <input type="text" value="(916) 482-5808"/>
---	---

* Email:

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:

NGMS Agency USDA Rural Development - Rural Business-Cooperative Service

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS
Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

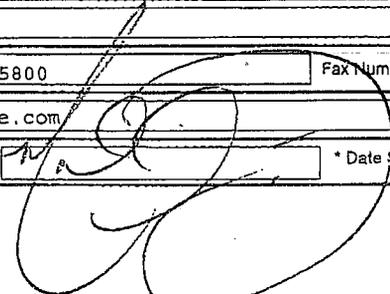
Tuolumne, CA

* 15. Descriptive Title of Applicant's Project:

Tuolumne Microenterprise Development Project

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	<input type="text" value="CA-05"/>	* b. Program/Project <input type="text" value="CA-19"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="10-01-2012"/>	* b. End Date: <input type="text" value="09-30-2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="\$74,637.00"/>	
* b. Applicant	<input type="text" value="\$25,427.00"/>	
* c. State	<input type="text" value="\$0.00"/>	
* d. Local	<input type="text" value="\$0.00"/>	
* e. Other	<input type="text" value="\$0.00"/>	
* f. Program Income	<input type="text" value="\$0.00"/>	
* g. TOTAL	<input type="text" value="\$100,064.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05-15-2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications- and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances **and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Mark"/>
Middle Name:	<input type="text" value="Andrew"/>	
* Last Name:	<input type="text" value="Thompson"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Business Manager"/>	
* Telephone Number:	<input type="text" value="(916) 482-5800"/>	Fax Number: <input type="text" value="(916) 482-5808"/>
* Email:	<input type="text" value="mark@indiandispute.com"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="5-15-12"/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

Application for Federal Assistance SF-424

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

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

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MAY 15 2012
STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Cal Poly Pomona Foundation, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952417645	* c. Organizational DUNS: 0289294380000
--	--

d. Address:

* Street1:	3801 West Temple Avenue
Street2:	_____
* City:	Pomona
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91768-2557

e. Organizational Unit:

Department Name: Geological Sciences	Division Name: College of Science
---	--------------------------------------

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

Prefix: Ms.	* First Name: Karina
Middle Name: _____	
* Last Name: Villagran	
Suffix: _____	

Title: Sponsored Programs Associate

Organizational Affiliation:
Office of Research and Sponsored Programs

* Telephone Number: 909-869-6929	Fax Number: 909-869-2993
----------------------------------	--------------------------

* Email: kmvillagran@csupomona.edu

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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

[Redacted]

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

Integrated 3-D Seismotectonic-velocity Model of the Salton Trough Region based on seismicity and explosive shots from the Salton Sea Imaging Project

Attach supporting documents as specified in agency instructions.

[Redacted]

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	51,017.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	51,017.00

*** 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 28, 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
<p>*1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>*2. Type of Application * If Revision, select appropriate letter(s)</p> <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>*Other (Specify) _____</p>		
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <p>RECEIVED MAY 15 2012 STATE CLEARING HOUSE</p> </div>		
3. Date Received:		4. Applicant Identifier: CA-90-Y832
5a. Federal Entity Identifier: 5624		5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: Western Contra Costa Transit Authority		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0162086		*c. Organizational DUNS: 103429301
*d. Address:		
<p>*Street 1: <u>601 Walter ave</u></p> <p>Street 2: _____</p> <p>*City: <u>Pinole</u></p> <p>County: _____</p> <p>*State: <u>CA</u></p> <p>Province: _____</p> <p>*Country: <u>USA</u></p> <p>*Zip / Postal Code: <u>94564</u></p>		
*e. Organizational Unit:		
Department Name:		Division Name:
*f. Name and contact information of person to be contacted on matters involving this application:		
<p>Prefix: <u>Mr.</u> *First Name: <u>Robert</u></p> <p>Middle Name: _____</p> <p>*Last Name: <u>Thompson</u></p> <p>Suffix: _____</p>		
Title: <u>Manager of Grants, capital Projects and Procurements</u>		
Organizational Affiliation:		
*Telephone Number: 510-724-331		Fax Number: 510-724-5515
*Email: <u>rob@westcat.org</u>		

Application for Federal Assistance SF-424

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507

CFDA Title:

Federal Transit Formula Grant

***12 Funding Opportunity Number:**

5307

*Title:

Urbanized Area Formula

13. Competition Identification Number:

Title:

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

Cities of Hercules and Pinole, Western Contra Costa

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

All FTA funding is Section 5307

Above the line in grant - 50% Federal obligation

TIP ID CC-990045

WWCTA: ADA Paratransit Operating Subsidy

Federal Amount \$ 54,328

TIP ID CC-030025

Description WCCTA: Preventive Maintenance Program

Federal Amount \$ 73,181

TIP ID CC-110057

Description WCCTA: Replace (5) 1999 35' Revenue Vehicles

Federal Amount \$ 928,603

TIP ID CC-110058

Description WCCTA: Purchase of non revenue Service Vehicles

Federal Amount \$ 15,911

Total \$ 1,072,023

Below the line

SAN FRANCISCO/OAKLAND

CC-990045

Description WWCTA: ADA Paratransit Operating Subsidy

Federal Amount \$ 54,328

TIP ID CC-030025

Description WCCTA: Preventive Maintenance Program

Federal Amount \$ 73,181

TIP ID CC-110057

Description WCCTA: Replace (5) 1999 35' Revenue Vehicles

Federal Amount \$ 928,603

TIP ID CC-110058

Description WCCTA: Purchase of non revenue Service Vehicles

Federal Amount \$ 15,808

2012 Total \$ 1,071,920

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-007

*b. Program/Project: CA-007

17. Proposed Project:

*a. Start Date: 06/01/2012

*b. End Date: 06/30/2013

18. Estimated Funding (\$):

*a. Federal

1072023

*c. State	<u>271,926</u>
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>1343949</u>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2012

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: Robert

Middle Name: _____

*Last Name: Thompson

Suffix: _____

*Title: Manager of Grants, Capital Projects and Procurements

*Telephone Number: 510-724-3331 Fax Number: 510-724-5551

* Email: Rob@westcat.org

*Signature of Authorized Representative: Robert Thompson *Date Signed: 05/15/2012