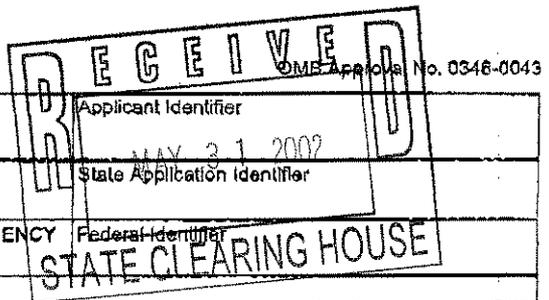


**APPLICATION FOR FEDERAL ASSISTANCE**



<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 1, 2002	Applicant Identifier MAY 31 2002
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: The Foundation for California State University, San Bernardino		Organizational Unit: Water Resources Institute	
Address (give city, county, State, and zip code): 5500 University Parkway San Bernardino (city) San Bernardino (county), California 92407		Name and telephone number of person to be contacted on matters involving this application (give area code) PI: Jeff Davis, Director, Water Resources Institute Admin. Contact: William Aguilar, VP IRT	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6067343		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> [ I ] 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) _____	
<b>8. TYPE OF APPLICATION:</b> <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): _____		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-806 TITLE: Surveys, Studies, Investigations and Special Purpose Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Establishing A Santa Ana River Watershed Research and Training Program	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Bernardino and Riverside Counties, California			
<b>13. PROPOSED PROJECT</b> Start Date: 9/30/02 Ending Date: 9/30/04		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 42 b. Project: 40, 41, 42, 43, 44, 48	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 250,000 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ <sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 250,000 <sup>00</sup>		
<b>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.</b>			
a. Type Name of Authorized Representative Mr. David Jones		b. Title Interim Executive Director	c. Telephone Number (909) 880-5918
d. Signature of Authorized Representative			e. Date Signed 5/31/02

RECEIVED

MAY 31 2002

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Garden Grove		Organizational Unit: City of Garden Grove	
Address (give city, county, State, and zip code): P. O. Box 3070 - Garden Grove Orange County, CA 92842		Name and telephone number of person to be contacted on matters involving this application (give area code) William E. Murray (714) 741-5184	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6005848		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
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 H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Title: Surveys, studies, investigations & special purpose grants 66 - 606		9. NAME OF FEDERAL AGENCY: U.S. EPA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Garden Grove, Orange County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of Yockey/Newland Storm Drain (Phase I)	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 7/05	Ending Date: 11/06	a. Applicant: 46	b. Project: 46
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 350,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 25, 2002	
b. Applicant	\$ 286,364	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 636,364		
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 Les M. Jones II		b. Title Asst. City Manager/ Director of Public Works	c. Telephone Number (714) 741-5375
d. Signature of Authorized Representative		e. Date Signed 4/29/02	

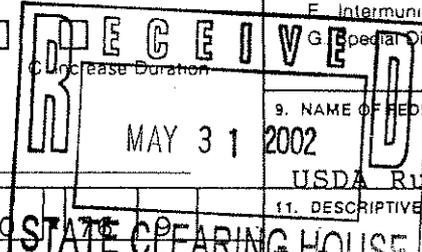
# APPLICATION FOR FEDERAL ASSISTANCE

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

**5. APPLICANT INFORMATION**

Legal Name: <b>International Agri-Center</b>	Organizational Unit:
Address (give city, county, state, and zip code): <b>4450 S. Laspina Syreet Tulare, CA 93274-9539</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Gary Schulz 559-688-1751</b>

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2 3 8 1 4 1 6	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <b>Nonprofit</b>
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development



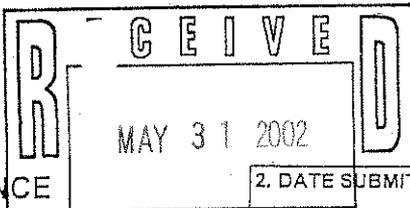
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Commerce Initiative: training, technical assistance and Internet resources
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Tulare County, California	<b>13. PROPOSED PROJECT:</b> Start Date: 7/1/02 Ending Date: 7/1/03

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a Applicant: 21st b Project: 19th, 20th and 21st
---

<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a Federal</td> <td>\$</td> <td>168,000</td> <td>00</td> </tr> <tr> <td>b Applicant</td> <td>\$</td> <td>25,000</td> <td>00</td> </tr> <tr> <td>State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>Other</td> <td>\$</td> <td>92,000</td> <td>00</td> </tr> <tr> <td>Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td><b>TOTAL</b></td> <td>\$</td> <td><b>285,000</b></td> <td><b>00</b></td> </tr> </table>	a Federal	\$	168,000	00	b Applicant	\$	25,000	00	State	\$		00	Local	\$		00	Other	\$	92,000	00	Program Income	\$		00	<b>TOTAL</b>	\$	<b>285,000</b>	<b>00</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>2/15/02</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a Federal	\$	168,000	00																										
b Applicant	\$	25,000	00																										
State	\$		00																										
Local	\$		00																										
Other	\$	92,000	00																										
Program Income	\$		00																										
<b>TOTAL</b>	\$	<b>285,000</b>	<b>00</b>																										
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																													

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

<b>1. Typed Name of Authorized Representative:</b> Gary Schulz	<b>b. Title:</b> General Manager	<b>c. Telephone number:</b> 559-688-1751
<b>d. Signature of Authorized Representative:</b> 	<b>e. Date Signed:</b> 2-8-02	

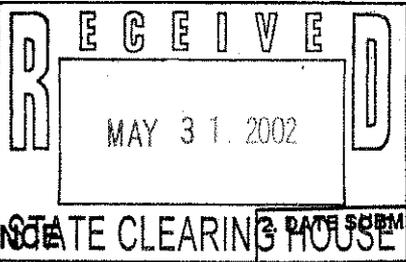


APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED MAY 31 2002	Applicant Identifier Tulare County Fire Dept.
5. APPLICANT INFORMATION Legal Name: Tulare County Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		3. DATE RECEIVED BY STATE	State Application Identifier
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
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):		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans and Grants		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County communities of Pixley, Terra Bella, Tipton, Woodville, and Cutler.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S.P.A.C.E. Safety, Plumbing, Access, and Conservation of Energy	
13. PROPOSED PROJECT Start Date: 10-1-02    Ending Date: 9-30-03	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 20    b. Project: District 20		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,338 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-15-02	
b. Applicant	\$ 16,912 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 67,650 <sup>00</sup>		
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 David Hillman	b. Title Chief	c. Telephone Number (559) 732-5954	
d. Signature of Authorized Representative 		e. Date Signed 4/18/02	



**APPLICATION FOR FEDERAL ASSISTANCE**

**STATE CLEARING HOUSE**

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

**5. APPLICANT INFORMATION**

Legal Name: Woodville Public Utility District

Address (give city, county, State, and zip code):  
P.O. Box 4567  
Woodville, CA 93258-4567

Organizational Unit:

Name and telephone number of person to be contacted on matters involving this application (give area code):  
Ralph Gutierrez 559/686-9649  
James H. Wegley 559/732-7938

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-1545652

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**  **G**

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) \_\_\_\_\_

**B. TYPE OF APPLICATION:**  
 New  Continuation  Revision

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

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

**9. NAME OF FEDERAL AGENCY:**  
USDA Rural Development

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

TITLE: Community Facilities Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Expansion to District Office

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

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

Start Date	Ending Date	a. Applicant	b. Project
<u>7/1/02</u>	<u>12/1/02</u>	<u>20th</u>	<u>20th</u>

**15. ESTIMATED FUNDING:**

a. Federal	\$	88,000	∞
b. Applicant	\$	32,000	∞
c. State	\$		∞
d. Local	\$		∞
e. Other	\$		∞
f. Program Income	\$		∞
g. TOTAL	\$	120,000	∞

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE April 17, 2002

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

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

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

a. Type Name of Authorized Representative <u>Armando Lopez</u>	b. Title <u>President</u>	c. Telephone Number <u>559/686-9649</u>
d. Signature of Authorized Representative <u>Armando Lopez</u>	e. Date Signed <u>4-16-02</u>	

**RECEIVED**  
MAY 31 2002  
**STATE CLEARING HOUSE**

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

Applicant Identifier  
**Tulare County Fire Department**

State Application Identifier  
Federal Identifier

1. TYPE OF SUBMISSION:

<input type="checkbox"/> Application	<input type="checkbox"/> Preapplication
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

2. DATE SUBMITTED  
4-25-2002

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: <b>Tulare County</b>	Organizational Unit: <b>Fire Department</b>
Address (give city, county, State, and zip code): <b>1968 South Lovers Lane Visalia, CA 93292</b>	Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Lisa Marrone (559) 732-5057</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

**94 - 6000545**

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.	<input checked="" type="checkbox"/> B
B. County	I. State Controlled Institution of Higher Learning	
C. Municipal	J. Private University	
D. Township	K. Indian Tribe	
E. Interstate	L. Individual	
F. Intermunicipal	M. Profit Organization	
G. Special District	N. Other (Specify) _____	

8. TYPE OF APPLICATION:

New     Continuation     Revision

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

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

9. NAME OF FEDERAL AGENCY:  
**USDA United States Department of Agriculture**

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

TITLE: **Community Facilities Loans and Grants**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
**M.E.C.C.A.  
Meeting room and Energy-efficiency for  
Community Conference and Access**

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
**Earlimart, Tulare County, CA**

13. PROPOSED PROJECT

Start Date	Ending Date	a. Applicant
<b>10-1-02</b>	<b>9-30-03</b>	<b>District 20</b>

b. Project  
**District 20**

15. ESTIMATED FUNDING:

a. Federal	\$	12,100 <sup>00</sup>
b. Applicant	\$	9,900 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	22,000 <sup>00</sup>

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

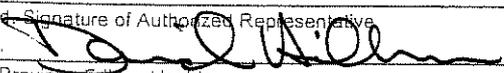
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE **4-25-2002**

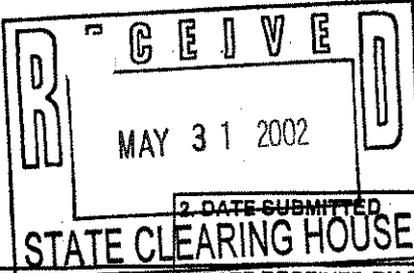
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation.     No

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

a. Type Name of Authorized Representative <b>David Hillman</b>	b. Title <b>Chief</b>	c. Telephone Number <b>(559) 732-5954</b>
d. Signature of Authorized Representative 		e. Date Signed <b>4-15-02</b>



**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

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

**5. APPLICANT INFORMATION**

Legal Name: London Community Services District	Organizational Unit:
Address (give city, county, State, and zip code): 37835 Kate Road Dinuba, CA 93618	Name and telephone number of person to be contacted on matters involving this application (give area code): James H. Wegley 559/732-7938

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0024119	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G 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) _____
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**B. TYPE OF APPLICATION:**

New     Continuation     Revision

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remodel of District office.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): London, Tulare County	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 7/1/02    Ending Date: 2/1/02	a. Applicant: 20th    b. Project: 20th

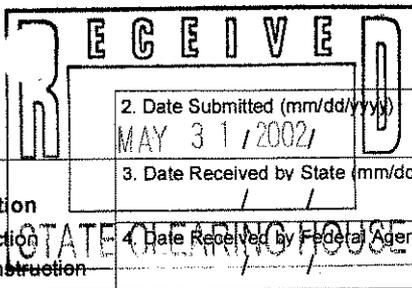
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 48,750	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 23, 2002
b. Applicant \$ 16,250	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 65,000	

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. Type Name of Authorized Representative Dorothy Castro	b. Title President	c. Telephone Number 559/591-5142
d. Signature of Authorized Representative <i>Dorothy Castro</i>	e. Date Signed 4-24-02	

# Application for Federal Assistance

OMB Approval No. 0348-0043



2. Date Submitted (mm/dd/yyyy) MAY 31 / 2002		Applicant Identifier
1. Type of Submission Application	3. Date Received by State (mm/dd/yyyy)	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

**5. Applicant Information**

Legal Name <b>International Agri-Center, Inc</b>	Organizational Unit
Address (give city, county, State, and zip code) 4450 S. Laspina Tulare, CA 93274-0539	Name and telephone number of the person to be contacted on matters involving this application (give area code) Gary Schulz 559 688-1751

**6. Employer Identification Number (EIN) (xx-yyyzzzz)**  
9 4 - 2 3 8 1 4 1 6

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

**B. Type of Application:**  
 New     Continuation     Revision  
 If Revision, enter appropriate letter(s) in box(es):    
 A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other (specify)

A. State    J. Private University  
 B. County    K. Indian Tribe  
 C. Municipal    L. Individual  
 D. Township    M. Profit Organization  
 E. Interstate    N. Nonprofit  
 F. Inter-municipal    O. Public Housing Agency  
 G. Special District    P. Other (Specify)  
 H. Independent School Dist.  
 I. State Controlled Institution of Higher Learning

**9. Name of Federal Agency**  
U. S. Dept. of Ag, Rural Development

**10. Catalog of Federal Domestic Assistance Number (xx-yyy)**  
Title: RBEG

**11. Descriptive Title of Applicant's Project**  
Construction of multi use facility to house meetings, special events, conferences, training and seminars for rural small businesses.

**12. Areas Affected by Project (cities, counties, States, etc.)**  
Tulare County, CA

<b>13. Proposed Project</b>		<b>14. Congressional Districts of</b>	
Start Date (mm/dd/yyyy) 07/01/2002	Ending Date (mm/dd/yyyy) 02/01/2003	a. Applicant 21st	b. Project 19th, 20th & 21st.

<b>15. Estimated Funding</b>		<b>16. Is Application Subject to Review by State Executive Order 12372 Process?</b> a. <b>Yes</b> This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 04 / 11 / 2002  b. <b>No</b> <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	\$ 500000.00	
b. Applicant	\$ 500000.00	
c. State	\$ 0.00	
d. Local	\$ 0.00	
e. Other	\$ 0.00	
f. Program Income	\$ 0.00	
g. Total		\$ 1000000.00
<b>17. Is the Applicant Delinquent on Any Federal Debt?</b> <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/pre-application 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.

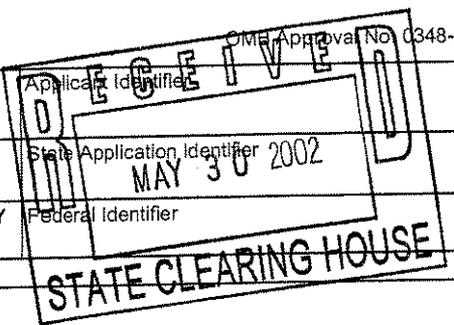
a. Typed Name of Authorized Representative Gary Schulz	b. Title General Manager	c. Telephone Number (include Area Code) ( 5 5 9 ) 6 8 8 - 1 7 5 1
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 01/16/2002



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Application Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier 2002
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier



5. APPLICANT INFORMATION

Legal Name: Strawberry Lodge Mutual Water Company Organizational Unit: Same

Address (give city, county, State, and zip code):  
P.O. Box 7  
Twin Peaks, CA 92391

Name and telephone number of person to be contacted on matters involving this application (give area code):  
John G. Egan, 909-889-0676

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
95-6064515

7. TYPE OF APPLICANT: (enter appropriate letter in box)  N

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

8. TYPE OF APPLICATION:  
 New  Continuation  Revision

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

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

9. NAME OF FEDERAL AGENCY:  
United States Dept. of Agriculture  
Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Replace, upgrade obsolete and old water distribution facilities - pipelines, well, and storage.

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

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant	b. Project
<u>6/03</u>	<u>8/04</u>	<u>40th (Lewis)</u>	<u>40th</u>

15. ESTIMATED FUNDING:

a. Federal	\$	1,100,000	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	1,100,000	00

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

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

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

a. Type Name of Authorized Representative <u>JOHN F. MACDONALD</u>	b. Title <u>PRESIDENT</u>	c. Telephone Number <u>909-336-1888</u>
d. Signature of Authorized Representative <i>[Signature]</i>	e. Date Signed <u>5/24/02</u>	

# Application for Federal Assistance

1. Type of Submission <b>Application</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>Pre-application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. Date Submitted (mm/dd/yyyy) 06/05/02	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. Applicant Information	
Legal Name Christian Church Homes of Northern California, Inc. (co-sponsor)	Organizational Unit Development
Address (give city, county, State, and zip code) 303 Hegenberger Road, Suite 201 Oakland, CA 94621-1419 Alameda County	Name and telephone number of the person to be contacted on matters involving this application (give area code) William F. Pickel, Development Project Manager (510) 632-6714 ext. 121 (510) 632-6712 General Line

6. Employer Identification Number (EIN) (xx-yyy-yyyy)	7. Type of Applicant (enter appropriate letter in box)
94 — 6077407	<input checked="" type="checkbox"/> N
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 J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N Nonprofit F. Inter-municipal O Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning

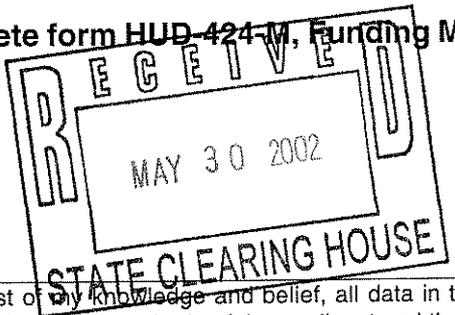
9. Name of Federal Agency Department of Housing and Urban Development	11. Descriptive Title of Applicant's Project Sister Thea Bowman Manor II HUD Section 202 Supportive Housing for the Elderly with on-site Supportive Service Coordination
10. Catalog of Federal Domestic Assistance Number (xx-yyy)	
Title: Section 202 Supportive Housing for the Elderly Capital Advance	14 — 157
12. Areas Affected by Project (cities, counties, States, etc.) City of Oakland, County of Alameda, State of CA	

13. Proposed Project	14. Congressional Districts of
Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy) 06/05/02 06/05/44	a. Applicant b. Project Christian Church Homes -- CA 9th Sister Thea Bowman Manor II - CA 9th

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 05/30/02 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.
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17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No
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Complete form HUD-424-M, Funding Matrix



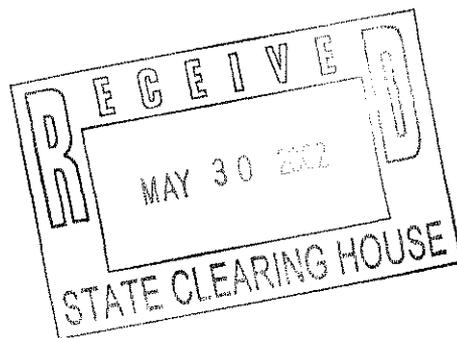
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.		
a. Typed Name of Authorized Representative Don H. McCreary	b. Title President and C.E.O.	c. Telephone Number (Include Area Code) (510) 632-6712
d. Signature of Authorized Representative <i>Don H. McCreary</i>	e. Date Signed (mm/dd/yyyy) 5/20/02	

# Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD Section 202 Supportive Housing for the Elderly Capital Advance Program	\$10,000	\$5,056,348	\$0	\$2,045,800			\$7,112,148
<b>Grand Totals</b>	\$10,000	\$5,056,348	\$0	\$2,045,800			\$7,112,148

\* For FHIPs, show both initiative and component



## Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

**Program:** The HUD funding program you are applying under.

**Applicant Share:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Federal Share:** Enter the amount of HUD funds you are requesting with your application.

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

**Total:** Please total all columns and fill in the amounts.

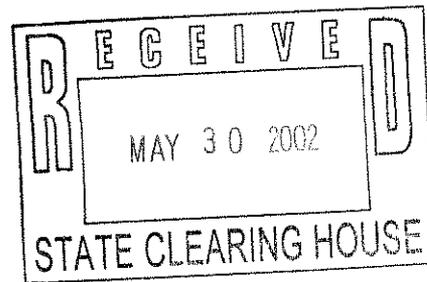


# Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

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<b>Grand Totals</b>	\$10,000	\$5,056,348	\$0	\$2,045,800			\$7,112,148

\* For FHIPs, show both initiative and component



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**Federal Share:** Enter the amount of HUD funds you are requesting with your application.

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

**Total:** Please total all columns and fill in the amounts.

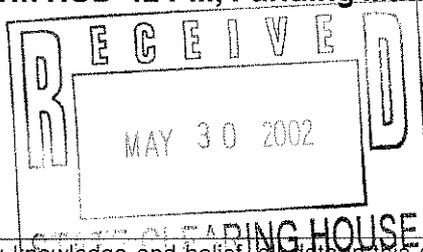
# Application for Federal Assistance

EXHIBIT 7(a)

OMB Approval No. 0348-0043

		2. Date Submitted (mm/dd/yyyy) 06/05/02	Applicant Identifier
1. Type of Submission <b>Application</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
5. Applicant Information			
Legal Name Providence Foundation of San Francisco (cosponsor)		Organizational Unit n/a	
Address (give city, county, State, and zip code) Post Office Box 24117 San Francisco, San Francisco County, CA 94124-0117		Name and telephone number of the person to be contacted on matters involving this application (give area code)  James Blanding, President, Providence Foundation c/o Bayview Property Management 1674 Revere Avenue, SF CA 94124 (415) 822-8793	
6. Employer Identification Number (EIN) (xx-yyyzzz) 93 — 1204173		7. Type of Applicant (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>	
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. Inter-municipal 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 Nonprofit O Public Housing Agency P. Other (Specify)	
10. Catalog of Federal Domestic Assistance Number (xx-yyy)  Title: <span style="border: 1px solid black; padding: 2px;">14</span> — <span style="border: 1px solid black; padding: 2px;">157</span> Section 202 Supportive Housing for the Elderly Capital Advance		9. Name of Federal Agency Department of Housing and Urban Development	
12. Areas Affected by Project (cities, counties, States, etc.)  City and County of San Francisco		11. Descriptive Title of Applicant's Project Providence Senior Housing Rental Housing for Very Low-Income Elderly w/on-site Social Service Coordination	
13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) 06/05/02	Ending Date (mm/dd/yyyy) 06/05/44	a. Applicant Providence Foundation -- CA 8th	b. Project Providence Senior Housing -- CA 8th
15. Estimated Funding		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) <u>05/30/02</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.	

## Complete form HUD-424-M, Funding Matrix



18. To the best of my knowledge and belief, all data in this application/pre-application 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 James Blanding	b. Title President	c. Telephone Number (Include Area Code) (415) 822-8793
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 5/28/02

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Authorized for Local Reproduction

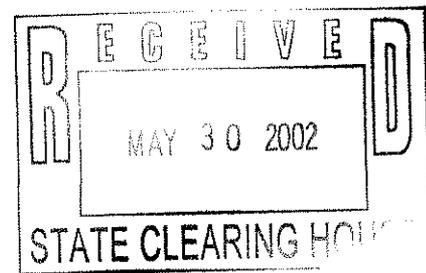
form SF-424 (7/97)  
Prescribed by OMB Circular A-102

# Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD Section 202 Supportive Housing for the Elderly Capital Advance Program	\$10,000	\$5,895,100	\$0	\$2,542,948			\$8,438,048
<b>Grand Totals</b>	\$10,000	\$5,895,100	\$0	\$2,542,948			\$8,438,048

\* For FHIPs, show both initiative and component



## Instructions for the HUD-424-M

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This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

**Program:** The HUD funding program you are applying under.

**Applicant Share:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Federal Share:** Enter the amount of HUD funds you are requesting with your application.

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

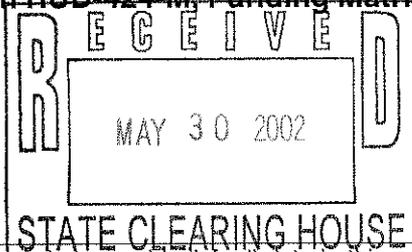
**Total:** Please total all columns and fill in the amounts.

# Application for Federal Assistance

OMB Approval No. 0348-0043

		2. Date Submitted (mm/dd/yyyy) <b>06/05/02</b>	Applicant Identifier
1. Type of Submission <b>Application</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
5. Applicant Information			
Legal Name <b>Christian Church Homes of Northern California, Inc. (co-sponsor)</b>		Organizational Unit <b>Development</b>	
Address (give city, county, State, and zip code) <b>303 Hegenberger Road, Suite 201 Oakland, CA 94621-1419 Alameda County</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>William F. Pickel, Development Project Manager (510) 632-6714 ext. 121 (510) 632-6712 General Line</b>	
6. Employer Identification Number (EIN) (xx-yyyzzzz) <b>94 — 6077407</b>		7. Type of Applicant (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>	
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    J. Private University B. County    K. Indian Tribe C. Municipal    L. Individual D. Township    M. Profit Organization E. Interstate    N Nonprofit F. Inter-municipal    O Public Housing Agency G. Special District    P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) <b>14 — 157</b>  Title: <b>Section 202 Supportive Housing for the Elderly Capital Advance</b>		9. Name of Federal Agency <b>Department of Housing and Urban Development</b>	
12. Areas Affected by Project (cities, counties, States, etc.) <b>City and County of San Francisco</b>		11. Descriptive Title of Applicant's Project <b>Providence Senior Housing Rental Housing for Very Low-Income Elderly w/on-site Social Service Coordination</b>	
13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) <b>06/05/02</b>	Ending Date (mm/dd/yyyy) <b>06/05/44</b>	a. Applicant <b>Christian Church Homes -- CA 9th</b>	b. Project <b>Providence Senior Housing -- CA 8th</b>
15. Estimated Funding		16. Is Application Subject to Review by State Executive Order 12372 Process? a. <b>Yes</b> This pre-application/application was made available to the State Executive Order 12372 Process for review on:  Date (mm/dd/yyyy) <u>05/30/02</u>  b. <b>No</b> <input type="checkbox"/> Program is not covered by E.O. 12372  or <input type="checkbox"/> Program has not been selected by State for review.	
18. To the best of my knowledge and belief, all data in this application/pre-application 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.		17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
a. Typed Name of Authorized Representative <b>Don H. McCreary</b>		b. Title <b>President and C.E.O.</b>	
c. Telephone Number (Include Area Code) <b>(510) 632-6712</b>		e. Date Signed (mm/dd/yyyy) <b>4/27/02</b>	
d. Signature of Authorized Representative <i>Don H. McCreary</i>			

Complete form HUD-424-M, Funding Matrix

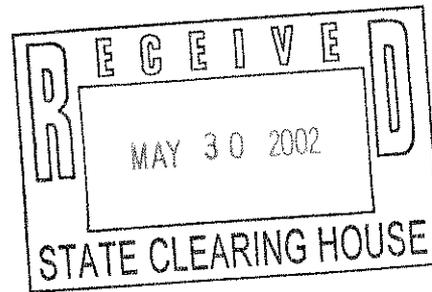


# Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD Section 202 Supportive Housing for the Elderly Capital Advance Program	\$10,000	\$5,895,100	\$0	\$2,542,948			\$8,438,048
<b>Grand Totals</b>	\$10,000	\$5,895,100	\$0	\$2,542,948			\$8,438,048

\* For FHIPs, show both initiative and component



## Instructions for the HUD-424-M

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This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

**Program:** The HUD funding program you are applying under.

**Applicant Share:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Federal Share:** Enter the amount of HUD funds you are requesting with your application.

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

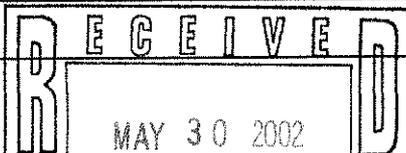
**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

**Total:** Please total all columns and fill in the amounts.

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/24/2002	<b>Applicant Identifier</b>
		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
<b>5. APPLICANT INFORMATION</b>			
Legal Name: National Senior Citizens' Education And Research Center, Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): 8403 Colesville Road, Suite 1200 Silver Spring, MD 20910		Name and telephone number of person to be contacted on matters involving this application (give area code) 301.578.8469 Anthony R. Sarmiento, Executive Director	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 52-6048236		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right;"><b>N</b></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> Tax exempt 501(c)(3) organization	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" 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):		<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Labor Employment and Training Administration Division of Older Worker Programs	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 17-235 TITLE: Senior Community Service Employment Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Senior Community Service Employment Program This project will provide subsidized, part-time opportunities in community service employment for low-income persons age 55 and older.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> See attached list of county slot allocations.			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 7/1/2002	Ending Date 6/30/03	a. Applicant N/A	b. Project N/A
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 64,341,235.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 7,149,027.00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 71,490,262.00		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>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.</b>			
a. Type Name of Authorized Representative Anthony R. Sarmiento		b. Title Executive Director	c. Telephone Number 301.578.8469
d. Signature of Authorized Representative <i>Anthony R. Sarmiento</i>		e. Date Signed 5/24/02	

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STATE CLEARING HOUSE

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

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> May 23, 2002	Applicant Identifier
	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> The National Council on the Aging, Inc.	<b>Organizational Unit:</b> Workforce Development Division
<b>Address (give city, county, state, and zip code):</b> 409 Third St., SW Suite 200 Washington, DC 20024	<b>Name and telephone number of the person to be contacted on matters involving this application (give area code):</b> Donald L. Davis (202) 479-6640

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 1 3 - 1 9 3 2 3 8 4	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" 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):	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Labor/Employment and Training Administration

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 7 a 2 3 5 TITLE:	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Senior Community Service Employment Program ---This program will continue to provide subsidized part-time work experience opportunities in Community Service Employment for low income persons age 55 and above.
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> (See Attached Listing)	

<b>13. PROPOSED PROJECT:</b> Start Date: 7/1/02 Ending Date: 6/30/03	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: NA b. Project: NA
--	--

<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$ 39,486,367</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$ 4,387,374</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$ 43,873,741</td><td>.00</td></tr> </table>	a. Federal	\$ 39,486,367	.00	b. Applicant	\$ 4,387,374	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$ 43,873,741	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON <u>5/21/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 39,486,367	.00																				
b. Applicant	\$ 4,387,374	.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$ 43,873,741	.00																				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						

RECEIVE  
 MAY 30 2002  
 STATE CLEARING HOUSE

**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 James P. Firman	b. Title President/CEO	c. Telephone number (202) 479-1200
d. Signature of Authorized Representative 		e. Date Signed 5/23/02

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0948-0043

DATE SUBMITTED  
May 30, 2002

Applicant Ident. N/A

1. TYPE OF SUBMISSION

*Application*

Construction       Construction

Non-Construction       Non-Construction

3. DATE RECEIVED BY STATE      State Applicant Identifier N/A

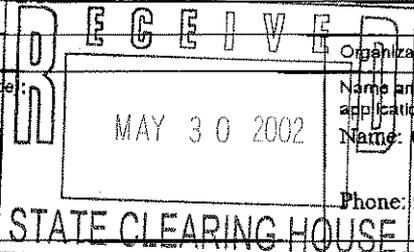
4. DATE RECEIVED BY FEDERAL AGENCY      Federal Identifier N/A

5. APPLICANT INFORMATION

Legal Name: **Redlands, City of**      Organizational Unit: **Police Department**

Address (give city, county, state, and zip code):  
**212 Brookside Avenue  
Redlands, CA 92373**

Name and telephone number of person to be contacted on matters involving this application (give area code):  
Name: **Cletus Hyman**  
Phone: **9097987669**



6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
**956000766**

7. TYPE OF APPLICANT: (enter appropriate letter in box)  C

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

8. TYPE OF APPLICATION:

New       Continuation       Revision

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

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

9. NAME OF FEDERAL AGENCY:  
**Department of Justice  
Office of Community Oriented Policing Services**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: **2002 Technology Initiative**

1 6 . 7 1 0

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
**Developing Comprehensive Data and Communications Technology for the East Valley Justice Center**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  
**City of Redlands**

13. PROPOSED PROJECT:

Start Date: **10/01/2001**      Ending Date: **9/30/2002**

14. CONGRESSIONAL DISTRICTS OF: **35 th**

a. Applicant: **City of Redlands**      b. Project: **Technology Initiative**

15. ESTIMATED FUNDING:

a. Federal	\$	735000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE **May 30, 2002**

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.

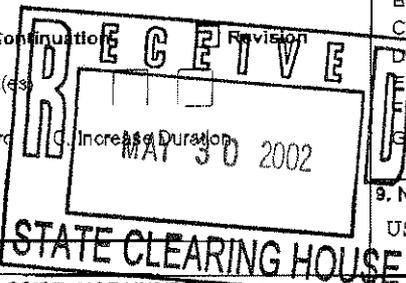
a. Typed Name of Authorized Representative: **James R. Bueermann**      b. Title: **Chief of Police**      c. Telephone number: **(909) 798-7661**

d. Signature of Authorized Representative:      e. Date Signed: **5-30-02**

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/30/2002	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																					
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																					
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: Indian Valley Community Service District		Organizational Unit: Special District																						
Address (give city, county, State, and zip code): P. O. Box 899, Greenville, CA. 95947		Name and telephone number of person to be contacted on matters involving this application (give area code) Don Williamson (530)284-7224																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2690091		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State B. County C. Municipal D. Township E. Interstate F. Internunicipal 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) _____																						
<b>8. TYPE OF APPLICATION:</b> <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):		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development																						
TITLE: Community Facility Loans																								
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-71610		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Purchase & Rehabilitate Private Water System																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Town of Greenville		<b>13. PROPOSED PROJECT</b> Start Date: 8/02 Ending Date: 10/03																						
<b>14. CONGRESSIONAL DISTRICTS OF:</b> John Doolittle		<b>15. ESTIMATED FUNDING:</b>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,657,863</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,657,863</td> </tr> </table>		a. Federal	\$	00	b. Applicant	\$	1,657,863	c. State	\$	00	d. Local	\$	00	e. Other	\$	00	f. Program Income	\$	00	g. TOTAL	\$	1,657,863	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	00																						
b. Applicant	\$	1,657,863																						
c. State	\$	00																						
d. Local	\$	00																						
e. Other	\$	00																						
f. Program Income	\$	00																						
g. TOTAL	\$	1,657,863																						
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No		<b>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.</b>																						
a. Type Name of Authorized Representative Don Williamson		b. Title Chairman, IVCS	c. Telephone Number (530)284-7224																					
d. Signature of Authorized Representative		e. Date Signed																						



**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

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

**5. APPLICANT INFORMATION**

Legal Name: <i>Rural Human Services, Inc.</i> 286 M Street Crescent City, CA 95531	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) For R&S - Melissa Blackburn (707) 464-7441 For RCAC - Robert Longman (916) 447-9832 x141
---	---

6. EMPLOYER IDENTIFICATION (EIN): 94 - 2512284	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <i>Noa-profit</i>
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	9. NAME OF FEDERAL AGENCY: <i>USDA, Rural Development</i> STATE CLEARING HOUSE
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>"Harrington House" Domestic Violence Resource Center and Shelter (New Construction)</i>
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <i>Del Norte County, CA</i>	13. PROPOSED PROJECT Start Date: <i>10/02</i> Ending Date: <i>6/03</i>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <i>1</i> b. Project: <i>1</i>
---	---	--

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <i>May 24, 2002</i> <input type="checkbox"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ <i>216,000</i> .00	
b. Applicant	\$ <i>100,000</i> .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input type="checkbox"/> NO
c. State <i>EHAP COBG</i>	\$ <i>500,000</i> .00 <i>304,000</i> .00	
d. Local	\$ <i>52,000</i> .00	
e. Other	\$ <i>328,000</i> .00	
f. Program Income	\$ .00	
g. Total	\$ <i>1,500,000</i> .00	

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

a. Type Name of Authorized Representative <i>* [Signature]</i>	b. Title <i>Loan officer</i>	c. Telephone Number <i>(916) 447-9832 x141</i>
d. Signature of Authorized Representative	e. Date Signed <i>5/24/2002</i>	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED <b>June 1, 2002</b>	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <b>City of South Gate</b>		Organizational Unit: <b>Municipality</b>	
Address (give city, county, State, and zip code): <b>8650 California Avenue South Gate, CA 90280</b>		Name and telephone number of person to be contacted on matters involving this application (give area code): <b>(323) 563-9500</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95-6000799</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): <b>N/A</b>		9. NAME OF FEDERAL AGENCY: <b>U.S. Environmental Protection Agency</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>66-606</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Wastewater Infrastructure Improvements</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>City of South Gate</b>			
13. PROPOSED PROJECT <b>Wastewater Inf. Imp.</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>33</b> b. Project <b>33</b>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <b>CDEA # 66.606</b>	
a. Federal	\$ <b>654,800</b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>5-29-02</b>	
b. Applicant	\$ <b>700,000</b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ <b>1,354,800</b>		
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 <b>Dennis Young</b>		b. Title <b>Acting City Manager</b>	c. Telephone Number <b>(323) 563-9500</b>
d. Signature of Authorized Representative <i>Dennis Young</i>		e. Date Signed <b>5-29-02</b>	

**RECEIVED**  
**MAY 29 2002**  
**STATE CLEARING HOUSE**



## V. Required Signatures

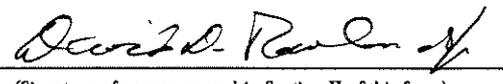
By signing below, I certify that the information provided on this form and on the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law.

Additionally, I understand that prior to any grant award, my agency must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and all other requirements of federal law. My signature certifies that this application requests funding only for officer positions which would not otherwise be funded in my agency's budget with state or local funds.

**Law Enforcement Executive's Signature:**

 \_\_\_\_\_ Date: 5/23/02  
(Signature of person named in Section II of this form)

**Government Executive's Signature:**

 \_\_\_\_\_ Date: 5/23/02  
(Signature of person named in Section II of this form)

**Send one original and two copies of all application materials. Refer to the Universal Hiring Program 2002 Application Checklist to ensure that all required documents are being submitted. Completed applications should be sent to:**

**Universal Hiring Program Control Desk  
U.S. Department of Justice, Office of Community Oriented Policing Services  
1100 Vermont Avenue, NW  
8th floor  
Washington, DC 20530 (use zip 20005 for overnight mail)**

Note: Original signatures are needed on the original application to process all funding requests. Faxed copies will not be accepted. Applications postmarked after the final application deadline date will not be considered.

**Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.**

OMB Approval Number: 1103-0027

**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: CITY OF CHULA VISTA ORI Code (Assigned by FBI): CA 0 3 7 0 2

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. **All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.

OMB Approval Number: 1103-0027

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer – Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$ 47,784.00	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
<b>Annual Fringe Benefits:</b>			
* Social Security	\$ --.00	0%	Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
* Medicare	\$ 693.00	1.4%	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ 6,037.00	12.6%	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ 30.00	0.1%	Costs toward life insurance coverage.
Vacation	\$ --.00	--%	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ --.00	--%	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ 10,842.00	22.7%	Contribution to retirement benefits.
* Worker's Comp.	\$ --.00	--%	Costs of worker's compensation. (See Part III, Question 4)
* Unemployment Ins.	\$ --.00	--%	Costs of unemployment insurance. (See Part III, Question 4)
Other A	\$ 1,500.00	3.1%	<b>Costs of equipment, training, uniforms, vehicles and overtime are not permitted.</b>
Other	\$ --.00	--%	

Total Fringe Benefits \$ 19,102.00 Sum of department fringe benefit costs for Year 1.

Total Year 1 Salary and Benefits \$ 66,886.00 Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

A. Hard Holiday at straight time

**2. Cost Per Full-Time Officer - Year 2**

Current Annual Entry-Level Base Salary	\$ <u>55,035.00</u>	% of base salary
Annual Fringe Benefits:		
*Social Security	\$ <u>---</u>	<u>---</u> %
*Medicare	\$ <u>798.00</u>	<u>1.4</u> %
Health Insurance	\$ <u>6,278.00</u>	<u>11.4</u> %
Life Insurance	\$ <u>30.00</u>	<u>0.1</u> %
Vacation	\$ <u>---</u>	<u>---</u> %
Sick Leave	\$ <u>---</u>	<u>---</u> %
Retirement	\$ <u>12,451.00</u>	<u>22.6</u> %
*Worker's Comp.	\$ <u>---</u>	<u>---</u> %
*Unemployment Ins.	\$ <u>---</u>	<u>---</u> %
Other <u>A.</u>	\$ <u>1,560.00</u>	<u>2.8</u> %
Other	\$ <u>---</u>	<u>---</u> %

Total Fringe Benefits \$ 21,117.00  
 Total Year 2 Salary and Benefits \$ 76,152.00

**3. Cost Per Full-Time Officer - Year 3**

Current Annual Entry-Level Base Salary	\$ <u>58,675.00</u>	% of base salary
Annual Fringe Benefits:		
*Social Security	\$ <u>---</u>	<u>---</u> %
*Medicare	\$ <u>851.00</u>	<u>1.5</u> %
Health Insurance	\$ <u>6,530.00</u>	<u>11.1</u> %
Life Insurance	\$ <u>30.00</u>	<u>0.1</u> %
Vacation	\$ <u>---</u>	<u>---</u> %
Sick Leave	\$ <u>---</u>	<u>---</u> %
Retirement	\$ <u>13,266.00</u>	<u>22.6</u> %
*Worker's Comp.	\$ <u>---</u>	<u>---</u> %
*Unemployment Ins.	\$ <u>---</u>	<u>---</u> %
Other <u>A.</u>	\$ <u>1,622.00</u>	<u>2.8</u> %
Other	\$ <u>---</u>	<u>---</u> %

Total Fringe Benefits \$ 22,299.00  
 Total Year 3 Salary and Benefits \$ 80,974.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.  
 Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.  
 Year 3 base salary plus Year 3 fringe benefits.

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/21/02	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Experience Works, Inc.		Organizational Unit: Experience Works, Inc.	
Address (give city, county, State, and zip code): 2000 N. 14th Street, Suite 800 Arlington, VA 22201		Name and telephone number of person to be contacted on matters involving this application (give area code) Andrea J. Wooten 703-522-7272	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 52-0817955		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Private, Non-profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div>	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" 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):		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAY 29 2002</p> <p style="font-size: 12px; margin: 0;">STATE CLEARING HOUSE</p> </div>	
<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Dept. of Labor Employment & Training Administration Older Worker Division			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Senior Community TITLE: Service Employment Program 17-235		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Senior Community Service Employment Program (SCSEP), "This project will provide subsidized, part-time opportunities in community service employment for low income persons age 55 and over."	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> See attached list of county allocations			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 7-1-02	Ending Date 6-30-03	a. Applicant	
<b>15. ESTIMATED FUNDING:</b>		b. Project	
a. Federal	\$ 109,671,176	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>5/21/02</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$ 12,185,686		
f. Program Income	\$		
g. TOTAL	\$ 121,856,862		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
<b>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.</b>			
a. Type Name of Authorized Representative Andrea J. Wooten		b. Title President	c. Telephone Number 703-522-7272
d. Signature of Authorized Representative 		e. Date Signed 5/21/02	

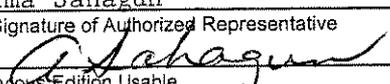
**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/17/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Cal. State L.A. University Auxiliary Services, Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): 5151 State University Drive Los Angeles, CA 90032		Name and telephone number of person to be contacted on matters involving this application (give area code) Mark Tufenkjian (323) 343-4434	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 4016653		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 29 2002  STATE CLEARING HOUSE </div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Minority Institutions of Higher Education, Competitive Assistance TITLE: Program 20 - 9016			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles		9. NAME OF FEDERAL AGENCY: U. S. Dept. of Transportation Federal Highway Administration	
13. PROPOSED PROJECT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Nondestructive Evaluation for QC/QA	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 31 b. Project 31			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 20,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/17/02	
b. Applicant	\$ 5,009.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 25,009.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Alma Sahagun	b. Title Director, Contracts & Grants Administration	c. Telephone Number (323) 343-4970	
d. Signature of Authorized Representative <i>Alma Sahagun</i>		e. Date Signed 5/17/02	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/17/02	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Cal. State L.A. University Auxiliary Services Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): 5151 State University Drive Los Angeles, CA 90032		Name and telephone number of person to be contacted on matters involving this application (give area code) Mark Tufenkjian (323) 343-4434	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-4016653		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> 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) _____	
<b>8. TYPE OF APPLICATION:</b> <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): _____		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Dept. of Transportation Federal Highway Administration	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Minority Institutions of Higher Education, Competitive Assistance TITLE: Program 20-906		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Geophysical Applications in Highways	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Los Angeles			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 7/01/02	Ending Date 12/30/02	a. Applicant 31	b. Project 31
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 20,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE-ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/17/02	
b. Applicant	\$ 5,009.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 25,009.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>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.</b>			
a. Type Name of Authorized Representative Alma Sahagun		b. Title Director, Contracts & Grants Administration	c. Telephone Number (323) 343-4970
d. Signature of Authorized Representative 		e. Date Signed 5/17/02	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

2. DATE SUBMITTED 5/16/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
--	--

5. APPLICANT INFORMATION

Legal Name: Cal State L.A. University Auxiliary Services, Inc.  
 Address (give city, county, State, and zip code):  
 5151 State University Drive  
 Los Angeles, CA 90032

Organizational Unit:  
 Name and telephone number of person to be contacted on matters involving this application (give area code):  
 Hassan Hashemian (323) 343-4499

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
 95 - 4016653

8. TYPE OF APPLICATION:

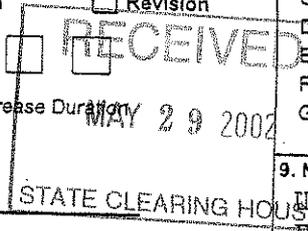
New     Continuation     Revision

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

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

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.	<input type="checkbox"/>
B. County	I. State Controlled Institution of Higher Learning	<input type="checkbox"/>
C. Municipal	J. Private University	<input type="checkbox"/>
D. Township	K. Indian Tribe	<input type="checkbox"/>
E. Interstate	L. Individual	<input type="checkbox"/>
F. Intermunicipal	M. Profit Organization	<input type="checkbox"/>
G. Special District	N. Other (Specify)	<input type="checkbox"/>



9. NAME OF FEDERAL AGENCY:  
 U.S. Department of Transportation -  
 Federal Highway Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
 Minority Institutions of Higher Education Competitive Assistance  
 TITLE: Program  
 220 - 906

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
 How do changes in goods movement impact disadvantaged populations?

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

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date	Ending Date	a. Applicant
7/1/02	10/30/03	31

b. Project  
31

15. ESTIMATED FUNDING:

a. Federal	\$	80,000 <sup>00</sup>
b. Applicant	\$	20,000 <sup>00</sup>
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	100,000 <sup>00</sup>

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE 5/16/02

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

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

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

a. Type Name of Authorized Representative Alma Sahagun, Director, Contracts & Grants Admin.	b. Title	c. Telephone Number (323) 343-4970
d. Signature of Authorized Representative <i>Alma Sahagun</i>	e. Date Signed 5/16/02	

**APPLICATION FOR FEDERAL ASSISTANCE**

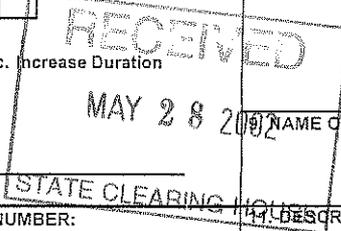
2. DATE SUBMITTED 05/24/02	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: <u>Ojai Valley Comm. Hosp. Foundation</u>	Organizational Unit: <u>Hospital</u>
Address (give city, county, state, and zip code): <u>1306 MARICOPA HWY</u> <u>OJAI, CA 93023 VENTURA COUNTY</u>	Name and telephone number of person to be contacted on matters involving this application (give area code) <u>NORM BERGMAN (805)640-2230</u>

6. EMPLOYER IDENTIFICATION (EIN): <table border="1"><tr><td>5</td><td>1</td><td>-</td><td>0</td><td>1</td><td>5</td><td>4</td><td>4</td><td>0</td><td>6</td></tr></table>	5	1	-	0	1	5	4	4	0	6	7. TYPE OF APPLICANT: (enter appropriate letter in box) <table border="1"><tr><td><input checked="" type="checkbox"/> N</td></tr></table>	<input checked="" type="checkbox"/> N
5	1	-	0	1	5	4	4	0	6			
<input checked="" type="checkbox"/> N												

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal C. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON-PROFIT COPR</u>
If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	



10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"><tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td></tr></table>			-				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>RENOVATION/REPLACEMENT OF ACUTE CARE HEALTH FACILITY</u> <u>(SEE MASTER PLAN OVERVIEW)</u>
		-					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <u>OJAI; OAK VIEW; CASITAS SPRINGS</u> <u>MINERS OAKS IN COUNTY OF VENTURA</u>							

13. PROPOSED PROJECT Start Date: <u>04/01/03</u> Ending Date: <u>04/01/05</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>OJAI VALLEY COMM HOSP FDN</u> b. Project: <u>ELTON GALLEGOS</u>
--	--

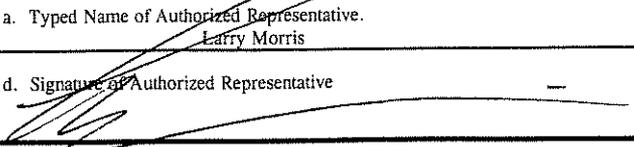
15. ESTIMATED FUNDING	
a. Federal	\$ 10,000,000
b. Applicant	\$ 7,697,000
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. Total	\$ 17,697,000 0.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--

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 <u>VICTORIA A. ALEXANDER</u>	b. Title <u>CEO</u>	c. Telephone Number <u>(805) 640-2304</u>
d. Signature of Authorized Representative <u>Victoria A. Alexander</u>		e. Date Signed <u>5/21/02</u>

# APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED May 23, 2002	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	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Air Resources Board		Organizational Unit: Administrative Services Division	
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative      Mike Poore, PM 2.5 Program      Leon Dolislager, Lake Tahoe Program (916) 322-8201      (916) 322-6043      (916) 323-1533	
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State      H. Independent School District B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify): _____	
8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation      Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606  TITLE: Surveys, Studies, and Investigations			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  • To continue funding for implementing a nationwide fine particulate (PM 2.5) monitoring network. • To support Lake Tahoe atmospheric deposition study.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:  03	b. Project  Statewide
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,451,578.00	a. Yes X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  DATE _____ Signature date _____  b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 0.00		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,451,578.00		
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation.      X No	
a. Typed Name of Authorized Representative: Larry Morris		b. Title: Chief, Administrative Services	c. Telephone Number: (916) 322-8198
d. Signature of Authorized Representative: 		e. Date Signed: 5/23/02	

RECEIVED  
 MAY 28 2002  
 STATE CLEARING HOUSE

# Application for Federal Assistance

OMB Approval No. 0348-0043

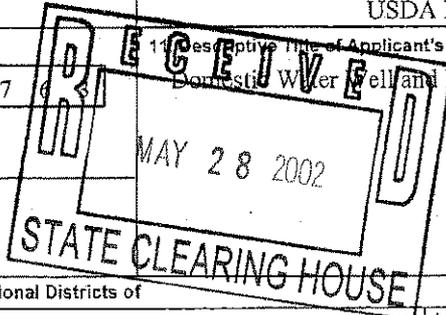
2. Date Submitted (mm/dd/yyyy) / / MAY 2 2002		Applicant Identifier
1. Type of Submission Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy) / /
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date Received by Federal Agency (mm/dd/yyyy) / /
		State Application Identifier
		Federal Identifier

5. Applicant Information

Legal Name <b>Alpaugh Irrigation District</b>	Organizational Unit
Address (give city, county, State, and zip code) 5458 Road 38 Alpaugh, CA 93201 Tulare County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Dennis R. Keller, District Engineer (559) 732-7938

6. Employer Identification Number (EIN) (xx-yyyzzz) 9 4 - 6 0 0 0 0 2 0	7. Type of Applicant (enter appropriate letter in box) <b>G</b>
B. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <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. Inter-municipal 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. Nonprofit O. Public Housing Agency P. Other (Specify)

10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: Emergency Community Water Assistance	11. Descriptive Title of Applicant's Project Domestic Water Well and Infrastructure Improvements - 2001
12. Areas Affected by Project (cities, counties, States, etc.) Alpaugh, CA	9. Name of Federal Agency USDA Rural Development



13. Proposed Project Start Date (mm/dd/yyyy) AS / AP / Ending Date (mm/dd/yyyy) AS / AP /	14. Congressional Districts of a. Applicant 20th b. Project 20th
---	--

15. Estimated Funding	16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Federal \$ 500,000.00	a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 0 5 / 0 2 / 2 0 0 2
b. Applicant \$ .00	b. No <input type="checkbox"/> Program is not covered by E.O. 12372
c. State \$ .00	or <input type="checkbox"/> Program has not been selected by State for review.
d. Local \$ .00	17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No
e. Other \$ .00	
f. Program Income \$ .00	
g. Total \$ 500,000.00	

18. To the best of my knowledge and belief, all data in this application/pre-application 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 Steve Martin	b. Title President, Board of Directors	c. Telephone Number (include Area Code) ( 5 5 9 ) 3 0 3 - 7 4 4 6
d. Signature of Authorized Representative <i>Steve Martin</i>	e. Date Signed (mm/dd/yyyy) 0 4 / 0 8 / 2 0 0 2	



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. Date Submitted		Applicant Identifier	
3. Date Received by State		State Application Identifier	
4. Date Rec'd by Fed Agency		Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction

5. APPLICANT INFORMATION

Legal Name State Water Resources Control Board	Organizational Unit Division of Clean Water Programs
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code): James Kuykendall (916) 341-5874

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
| 6 | 8 | 1 | 0 | 2 | 8 | 1 | 9 | 8 | 6 |

7. TYPE OF APPLICANT: (enter appropriate letter in box) | A |

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

8. TYPE OF APPLICATION:

New     Continuation     Revision

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

A. Increase Award    B. Decrease Award

C. Increase Duration    D. Decrease Duration

Other (Specify):

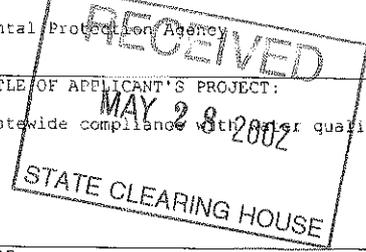
9. NAME OF FEDERAL AGENCY:  
U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: | 6 | 6 | 1 | 4 | 5 | 8 |

TITLE: Capitalization Grants for State Revolving Funds

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
To achieve statewide compliance with water quality objectives.

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



13. PROPOSED PROJECT

Start Date	Ending Date	14. CONGRESSIONAL DISTRICT OF:
6/1/2002	6/1/12	a. Applicant: 3
		b. Project: California--All

15. ESTIMATED FUNDING

a. Federal	\$ 95,346,405.00
b. Applicant	\$ .00
c. State	\$ 19,069,281.00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 114,415,686.00

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 28, 2002

b. NO:  Program is not covered by EO 12372.  
 Or program has not been selected by state for review.

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

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

a. Typed Name of Authorized Representative Celeste Cantu	b. Title Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i>		2. DATE SUBMITTED June 5, 2002	Applicant Number N/A
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

5. APPLICANT INFORMATION

Legal Name: County of Orange

Address: (give city, county, state, and zip code):  
550 North Flower Street  
Santa, CA 92702

Organizational Unit: Sheriff's Department

Name and telephone number of person to be contacted on matters involving this application (give area code):  
Name: Doug Storm  
Phone: 714-6471803

RECEIVED MAY 28 2002

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
956003928

7. TYPE OF APPLICANT: (enter appropriate letter in box)  B

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

8. TYPE OF APPLICATION:

New     Continuation     Revision

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

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

9. NAME OF FEDERAL AGENCY:  
Department of Justice  
Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
1 6 . 7 1 0  
TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Orange County Integrated Law and Justice System

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

13. PROPOSED PROJECT:

Start Date	Ending Date
10/01/2002	9/30/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
46	39, 41, 45, 46, 47, 48

16. ESTIMATED FUNDING:

a. Federal	\$	1500000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	1,500,000.00

15. 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 05/28/2002

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

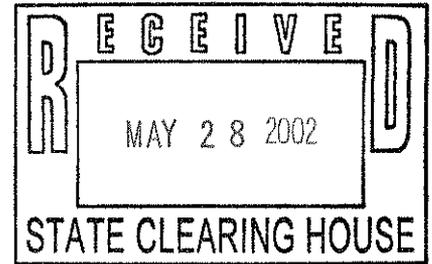
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
 Yes    If "Yes," attach an explanation.     No

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. Typed Name of Authorized Representative Cynthia Coad	b. Title County Supervisor / Board Chair	c. Telephone number 714 834-3440
d. Signature of Authorized Representative	e. Date Signed	

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



**Law Enforcement Executive's Name:** Larry D. Plants

Title: Director/Chief of Police Agency Name: CSU, Stanislaus Public Safety/University Police Services

Address: 801 West Monte Vista Avenue

City: Turlock State: CA Zip Code: 95382

Telephone: (209) 667-3114 Fax: (209) 667-3104

E-mail (if applicable): LPLANTS@CSUSTAN.EDU

**Type of Law Enforcement Agency:**

- Municipal                       State                       County Police Department  
 Sheriff\*                           Tribal\*                       Transit\*  
 School\*                           University/College\* ( Public or  Private?)  
 Public Housing\*                   New Start-Up\* (please specify): \_\_\_\_\_  
 Other\* (please specify): \_\_\_\_\_

\* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

**Government Executive's Name:** Dr. Diana Demetrulias

Title: Vice Provost for Academic Affairs & Dean of The Graduate School Name of Government Entity: California State University, Stanislaus

Address: 801 West Monte Vista Avenue

City: Turlock State: CA Zip Code: 95382

Telephone: (209) 667-3201 Fax: (209) 667-3206

E-mail (if applicable): DDMETRULIAS@CSUSTAN.EDU

**Type of Government Entity:**

- State                       City                       Town                       County  
 Village                       Borough                       Township                       Territory  
 Region                       Council                       Community                       Pueblo  
 Nation                       School District  
 Other (please specify): State University

**Contact Information:**

Contact person in your department who is familiar with this grant:

Name: Amy Thomas Title: Grant Coordinator

Telephone: (209) 667-3035 Fax: (209) 667-3104

E-mail (if applicable): ALTHOMAS@CSUSTAN.EDU

### III. Department Information

Population served as of 2000 U.S. Census: 6,400

Current population if different: 7,400 and square miles covered: 3.5

*Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.*

**Current budgeted locally-funded sworn force strength as of the date of application:**

Full-time officers: 11 Part-time officers: 0

*The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff unless they perform police functions.*

**Current actual locally-funded sworn force strength as of the date of application:**

Full-time officers: 9 Part-time officers: 0

*The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.*

### IV. Officer Request Information

*What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?*

Full-time: 2 Part-time: 0

*Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.*

\*Total amount of federal funds requested for all full-time and part-time officers:

\$ 150,000  
From Page 29, Box A on Budget Information Worksheets

\*Total non-federal matching funds required (local share):

\$ 0  
From Page 29, Box B on Budget Information Worksheets

*\*To answer these questions, complete and refer to the Universal Hiring Program 2002 Budget Information Worksheets provided in this Application Booklet.*

***Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?***

[ ] Yes [X] No

*If "yes," provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.*

**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: California State University, Stanislaus ORI Code (Assigned by FBI): C A 0 5 0 1 0

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. **All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: **1103-0027**

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer -- Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$	<u>39,348.00</u>	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
<b>Annual Fringe Benefits:</b>				
*Social Security	\$	<u>---</u>	<u>---</u> %	Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
*Medicare	\$	<u>571.00</u>	<u>1.45</u> %	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$	<u>8,160.00</u>	<u>21</u> %	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$	<u>25.00</u>	<u>.06</u> %	Costs toward life insurance coverage.
Vacation	\$	<u>---</u>	<u>---</u> %	Vacation costs, if not included in base salary. # of hours annually: <u>80</u>
Sick Leave	\$	<u>---</u>	<u>---</u> %	Sick leave costs, if not included in base salary. # of hours annually: <u>96</u>
Retirement	\$	<u>6,940.00</u>	<u>17.64</u> %	Contribution to retirement benefits.
*Worker's Comp.	\$	<u>---</u>	<u>---</u> %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$	<u>---</u>	<u>---</u> %	Costs of unemployment insurance. (See Part III, Question 4)
Other	\$	<u>---</u>	<u>---</u> %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other	\$	<u>---</u>	<u>---</u> %	
Total Fringe Benefits	\$	<u>15,696.00</u>		Sum of department fringe benefit costs for Year 1.
<b>Total Year 1 Salary and Benefits</b>	\$	<u>55,044.00</u>		<b>Year 1 base salary plus Year 1 fringe benefits.</b>

Previous editions are obsolete and should not be used. (2/11/02)

**2. Cost Per Full-Time Officer – Year 2**

Current Annual Entry-Level Base Salary	\$	<u>40,260.00</u>	% of base salary
Annual Fringe Benefits:			
*Social Security	\$	<u>---</u>	<u>---</u> %
*Medicare	\$	<u>584.00</u>	<u>1.45</u> %
Health Insurance	\$	<u>8,455.00</u>	<u>21</u> %
Life Insurance	\$	<u>24.00</u>	<u>.06</u> %
Vacation	\$	<u>---</u>	<u>---</u> %
Sick Leave	\$	<u>---</u>	<u>---</u> %
Retirement	\$	<u>7,102.00</u>	<u>17.64</u> %
*Worker's Comp.	\$	<u>---</u>	<u>---</u> %
*Unemployment Ins.	\$	<u>---</u>	<u>---</u> %
Other	\$	<u>---</u>	<u>---</u> %
Other	\$	<u>---</u>	<u>---</u> %

Total Fringe Benefits \$ 16,165.00Total Year 2 Salary and Benefits \$ 56,425.00**3. Cost Per Full-Time Officer – Year 3**

Current Annual Entry-Level Base Salary	\$	<u>41,208.00</u>	% of base salary
Annual Fringe Benefits:			
*Social Security	\$	<u>---</u>	<u>---</u> %
*Medicare	\$	<u>598.00</u>	<u>1.45</u> %
Health Insurance	\$	<u>8,654.00</u>	<u>21</u> %
Life Insurance	\$	<u>24.00</u>	<u>.06</u> %
Vacation	\$	<u>---</u>	<u>---</u> %
Sick Leave	\$	<u>---</u>	<u>---</u> %
Retirement	\$	<u>7,269.00</u>	<u>17.64</u> %
*Worker's Comp.	\$	<u>---</u>	<u>---</u> %
*Unemployment Ins.	\$	<u>---</u>	<u>---</u> %
Other	\$	<u>---</u>	<u>---</u> %
Other	\$	<u>---</u>	<u>---</u> %

Total Fringe Benefits \$ 16,546.00Total Year 3 Salary and Benefits \$ 57,754.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here Cost for Medicare may not exceed 1.45%. If exempt check here 

Costs toward health insurance coverage; please indicate if this

is for Family Coverage  Yes  No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 80Sick leave costs, if not included in base salary. # of hours annually: 96

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here Cost for Medicare may not exceed 1.45%. If exempt check here 

Costs toward health insurance coverage; please indicate if this

is for Family Coverage  Yes  No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 80Sick leave costs, if not included in base salary. # of hours annually: 96

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

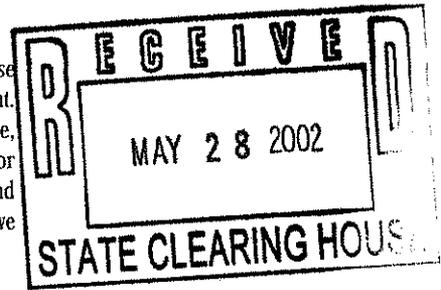
Year 3 base salary plus Year 3 fringe benefits.

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 24, 2002	Applicant Identifier														
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier													
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier													
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: County of Ventura		Organizational Unit: Public Works Agency															
Address (give city, county, State, and zip code): 800 S. Victoria Ave. Ventura, CA 93009-1600		Name and telephone number of person to be contacted on matters involving this application (give area code) R. Reddy Pakala (805) 584-4830															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000944		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     A. State                      B. County                      C. Municipal                      D. Township                      E. Interstate                      F. Intermunicipal                      G. Special District                 </div> <div style="width: 45%;">                     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) _____                 </div> </div> <div style="text-align: right; margin-top: -20px;"><b>B</b></div>															
<b>8. TYPE OF APPLICATION:</b> <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): _____		<b>9. NAME OF FEDERAL AGENCY:</b> US EPA															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-606 TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> El Rio Sewer System <div style="border: 2px solid black; padding: 5px; display: inline-block; text-align: center;">                     RECEIVED                      MAY 28 2002                      STATE CLEARING HOUSE                 </div>															
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Community of El Rio. Unincorporated area within Ventura County.		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 23rd District - Elton Gallegly															
<b>13. PROPOSED PROJECT</b> Start Date: 1/1/03    Ending Date: 12/31/04		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. <input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 21, 2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td style="text-align: right;">\$ 242,500.<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$ .<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$ 198,409.<sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$ .<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$ .<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$ .<sup>00</sup></td> </tr> <tr> <td><b>g. TOTAL</b></td> <td style="text-align: right;"><b>\$ 440,909.<sup>00</sup></b></td> </tr> </table>		a. Federal	\$ 242,500. <sup>00</sup>	b. Applicant	\$ . <sup>00</sup>	c. State	\$ 198,409. <sup>00</sup>	d. Local	\$ . <sup>00</sup>	e. Other	\$ . <sup>00</sup>	f. Program Income	\$ . <sup>00</sup>	<b>g. TOTAL</b>	<b>\$ 440,909.<sup>00</sup></b>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 242,500. <sup>00</sup>																
b. Applicant	\$ . <sup>00</sup>																
c. State	\$ 198,409. <sup>00</sup>																
d. Local	\$ . <sup>00</sup>																
e. Other	\$ . <sup>00</sup>																
f. Program Income	\$ . <sup>00</sup>																
<b>g. TOTAL</b>	<b>\$ 440,909.<sup>00</sup></b>																
<b>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.</b>																	
a. Type Name of Authorized Representative R. Reddy Pakala		b. Title Manager, Water and Sanitation Services	c. Telephone Number (805) 584-4830														
d. Signature of Authorized Representative 		e. Date Signed 5/23/02															

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



**Law Enforcement Executive's Name:** William DiYorio  
**Title:** Chief of Police **Agency Name:** Moreno Valley Police Department  
**Address:** 22850 Calle San Juan De Los Lagos

**City:** Moreno Valley **State:** CA **Zip Code:** 92553  
**Telephone:** (909) 486-6860 **Fax:** (909) 486-6705  
**E-mail (if applicable):** cfairfie@rc-lawnet.org

**Type of Law Enforcement Agency:**

- Municipal
- Sheriff\*
- School\*
- Public Housing\*
- Other\* (please specify): \_\_\_\_\_
- State
- Tribal\*
- University/College\* ( Public or  Private?)
- New Start-Up\* (please specify): \_\_\_\_\_
- County Police Department
- Transit\*

\*Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

**Government Executive's Name:** Gene Rogers  
**Title:** City Manager **Name of Government Entity:** City of Moreno Valley  
**Address:** 14177 Frederick St.

**City:** Moreno Valley **State:** Ca **Zip Code:** 92553  
**Telephone:** (909) 413-3025 **Fax:** (909) 413 3750  
**E-mail (if applicable):** gener@moval.org

**Type of Government Entity:**

- State
- Village
- Region
- Nation
- Other (please specify): \_\_\_\_\_
- City
- Borough
- Council
- School District
- Town
- Township
- Community
- County
- Territory
- Pueblo

**Contact Information:**

Contact person in your department who is familiar with this grant:  
**Name:** Ernie Baker **Title:** Sergeant  
**Telephone:** (909) 486-6714 **Fax:** (909) 486-6705  
**E-mail (if applicable):** ebaker@rc-lawnet.org

### III. Department Information

Population served as of 2000 U.S. Census: 146,500  
Current population if different: N/A and square miles covered: 50  
*Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.*

*Current budgeted locally-funded sworn force strength as of the date of application:*  
Full-time officers: 136 Part-time officers: 0  
*The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff unless they perform police functions.*

*Current actual locally-funded sworn force strength as of the date of application:*  
Full-time officers: 136 Part-time officers: 0  
*The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.*

### IV. Officer Request Information

*What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?*

Full-time: 3 Part-time: 0

*Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.*

\*Total amount of federal funds requested for all full-time and part-time officers:

\$ 225,000.00  
From Page 29, Box A on Budget Information Worksheets

\*Total non-federal matching funds required (local share):

\$ 340,152.00  
From Page 29, Box B on Budget Information Worksheets

*\*To answer these questions, complete and refer to the Universal Hiring Program 2002 Budget Information Worksheets provided in this Application Booklet.*

*Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?*

[ ] Yes [x] No

*If "yes," provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.*

**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: Moreno Valley Police Department ORI Code (Assigned by FBI): C.A.0-3.3.3.2

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer - Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$ 47,284.00	% of base salary	
<b>Annual Fringe Benefits:</b>			
* Please refer to Part III, Question 4			
*Social Security	\$ 0.00	0 %	Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
*Medicare	\$ 685.00	1 %	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ 4,145.00	9 %	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Life Insurance	\$ 0.00	0 %	Costs toward life insurance coverage.
Vacation	\$ 0.00	0 %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ 0.00	0 %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ 5,587.00	12 %	Contribution to retirement benefits.
*Worker's Comp.	\$ 1,121.00	2 %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ 33.00	0 %	Costs of unemployment insurance. (See Part III, Question 4)
Other LTD	\$ 252.00	1 %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other RSA Trust	\$ 650.00	1 %	
Total Fringe Benefits	\$ 12,473.00		Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ 59,757.00		Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

**2. Cost Per Full-Time Officer - Year 2**

Current Annual Entry-Level Base Salary	\$ 49,649.00	% of base salary
<b>Annual Fringe Benefits:</b>		
*Social Security	\$ 0.00	0 %
*Medicare	\$ 719.00	1 %
Health Insurance	\$ 4,353.00	9 %
Life Insurance	\$ 0.00	0 %
Vacation	\$ 0.00	0 %
Sick Leave	\$ 0.00	0 %
Retirement	\$ 5,866.00	12 %
*Worker's Comp.	\$ 1,177.00	2 %
*Unemployment Ins.	\$ 35.00	0 %
Other	\$ 265.00	1 %
Other	\$ 683.00	1 %

Total Fringe Benefits \$ 13,096.00

Total Year 2 Salary and Benefits \$ 62,745.00

**3. Cost Per Full-Time Officer - Year 3**

Current Annual Entry-Level Base Salary	\$ 52,131.00	% of base salary
<b>Annual Fringe Benefits:</b>		
*Social Security	\$ 0.00	0 %
*Medicare	\$ 755.00	1 %
Health Insurance	\$ 4,570.00	9 %
Life Insurance	\$ 0.00	0 %
Vacation	\$ 0.00	0 %
Sick Leave	\$ 0.00	0 %
Retirement	\$ 6,159.00	12 %
*Worker's Comp.	\$ 1,236.00	2 %
*Unemployment Ins.	\$ 36.00	0 %
Other LTD	\$ 278.00	1 %
Other RSA Trust	\$ 717.00	1 %

Total Fringe Benefits \$ 13,751.00

Total Year 3 Salary and Benefits \$ 65,882.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

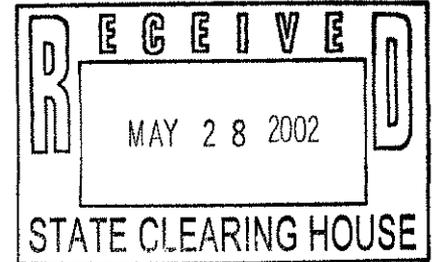
Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



**Law Enforcement Executive's Name:** Oliver "Lee" Drummond  
**Title:** Director **Agency Name:** Marina Dept. of Public Safety  
**Address:** 211 Hillcrest Avenue  
**City:** Marina **State:** CA. **Zip Code:** 93933  
**Telephone:** (831) 884-1210 **Fax:** (831) 384-5321  
**E-mail (if applicable):** ldrummond@ci.marina.ca.us

**Type of Law Enforcement Agency:**

- Municipal       State       County Police Department  
 Sheriff\*       Tribal\*       Transit\*  
 School\*       University/College\* ( Public or  Private?)  
 Public Housing\*       New Start-Up\* (please specify): \_\_\_\_\_  
 Other\* (please specify): \_\_\_\_\_

\* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

**Government Executive's Name:** Charles Cate  
**Title:** City Manager **Name of Government Entity:** City of Marina  
**Address:** 211 Hillcrest Avenue  
**City:** Marina **State:** CA. **Zip Code:** 93933  
**Telephone:** (831) 384-3715 **Fax:** (831) 384-9148  
**E-mail (if applicable):** \_\_\_\_\_

**Type of Government Entity:**

- State       City       Town       County  
 Village       Borough       Township       Territory  
 Region       Council       Community       Pueblo  
 Nation       School District  
 Other (please specify): \_\_\_\_\_

**Contact Information:**

Contact person in your department who is familiar with this grant:  
**Name:** Mark S. Morgan **Title:** Police Commander  
**Telephone:** (831) 884-1210 **Fax:** (831) 384-5321  
**E-mail (if applicable):** mmorgan@ci.marina.ca.us

### III. Department Information

Population served as of 2000 U.S. Census: 21,014

Current population if different: \_\_\_\_\_ and square miles covered: 9.56

*Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.*

**Current budgeted locally-funded sworn force strength as of the date of application:**

Full-time officers: 32 Part-time officers: \_\_\_\_\_

*The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff unless they perform police functions.*

**Current actual locally-funded sworn force strength as of the date of application:**

Full-time officers: 31 Part-time officers: \_\_\_\_\_

*The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.*

### IV. Officer Request Information

*What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?*

Full-time: 01 Part-time: \_\_\_\_\_

*Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.*

\*Total amount of federal funds requested for all full-time and part-time officers:

\$ 101,126

From Page 29, Box A on Budget Information Worksheets

\*Total non-federal matching funds required (local share):

\$ 103,845

From Page 29, Box B on Budget Information Worksheets

*\*To answer these questions, complete and refer to the Universal Hiring Program 2002 Budget Information Worksheets provided in this Application Booklet.*

**Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?**

[ ] Yes       No

*If "yes," provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.*

**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: City of Marina Department of Public Safety ORI Code (Assigned by FBI): C A 0 2 7 1 2

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer – Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$ 40,224.00	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
<b>Annual Fringe Benefits:</b>			Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
* Social Security	\$ .00	%	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
* Medicare	\$ 583.00	1.45 %	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$ 7992.00	.20 %	Costs toward life insurance coverage.
Life Insurance	\$ 192.00	.01 %	Vacation costs, if not included in base salary. # of hours annually: 120
Vacation	\$ .00	%	Sick leave costs, if not included in base salary. # of hours annually: 96
Sick Leave	\$ .00	%	Contribution to retirement benefits.
Retirement	\$ 6750.00	16.78 %	Costs of worker's compensation. (See Part III, Question 4)
* Worker's Comp.	\$ 4706.00	11.70 %	Costs of unemployment insurance. (See Part III, Question 4)
* Unemployment Ins.	\$ .00	%	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other Proficiency	\$ 3000.00	.07 %	
Other Holiday	\$ 2167.00	.05 %	

Total Fringe Benefits \$ 25,390.00 Sum of department fringe benefit costs for Year 1.

Total Year 1 Salary and Benefits \$ 65,614.00 Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

**2. Cost Per Full-Time Officer – Year 2**

Current Annual Entry-Level Base Salary \$ 42,216.00 % of base salary

Annual Fringe Benefits:

*Social Security	\$ <u>192.00</u>	<u>.01</u> %
*Medicare	\$ <u>612.00</u>	<u>1.45</u> %
Health Insurance	\$ <u>7992.00</u>	<u>.19</u> %
Life Insurance	\$ <u>192.00</u>	<u>.01</u> %
Vacation	\$ <u>          </u>	<u>          </u> %
Sick Leave	\$ <u>          </u>	<u>          </u> %
Retirement	\$ <u>7083.00</u>	<u>16.78</u> %
*Worker's Comp.	\$ <u>4939.00</u>	<u>11.70</u> %
*Unemployment Ins.	\$ <u>          </u>	<u>          </u> %
Other Proficiency	\$ <u>3000.00</u>	<u>.07</u> %
Other Holiday	\$ <u>2272.00</u>	<u>.05</u> %

Total Fringe Benefits \$ 26,090.00

Total Year 2 Salary and Benefits \$ 68,306.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here    
 Cost for Medicare may not exceed 1.45%. If exempt check here    
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No   
 Costs toward life insurance coverage.   
 Vacation costs, if not included in base salary. # of hours annually: 120   
 Sick leave costs, if not included in base salary. # of hours annually: 96   
 Contribution to retirement benefits.   
 Costs of worker's compensation. (See Part III, Question 4)   
 Costs of unemployment insurance. (See Part III, Question 4)   
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

**3. Cost Per Full-Time Officer – Year 3**

Current Annual Entry-Level Base Salary \$ 44,244.00 % of base salary

Annual Fringe Benefits:

*Social Security	\$ <u>192.00</u>	<u>.01</u> %
*Medicare	\$ <u>641.00</u>	<u>1.45</u> %
Health Insurance	\$ <u>7992.00</u>	<u>.18</u> %
Life Insurance	\$ <u>192.00</u>	<u>.01</u> %
Vacation	\$ <u>          </u>	<u>          </u> %
Sick Leave	\$ <u>          </u>	<u>          </u> %
Retirement	\$ <u>7424.00</u>	<u>16.78</u> %
*Worker's Comp.	\$ <u>5176.00</u>	<u>11.70</u> %
*Unemployment Ins.	\$ <u>          </u>	<u>          </u> %
Other Proficiency	\$ <u>3000.00</u>	<u>.07</u> %
Other Holiday	\$ <u>2382.00</u>	<u>.05</u> %

Total Fringe Benefits \$ 26,807.00

Total Year 3 Salary and Benefits \$ 71,051.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

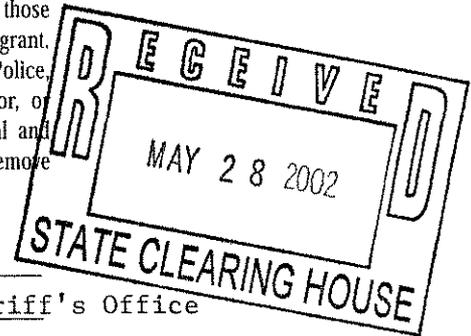
Cost for Social Security may not exceed 6.2%. If exempt check here    
 Cost for Medicare may not exceed 1.45%. If exempt check here    
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No   
 Costs toward life insurance coverage.   
 Vacation costs, if not included in base salary. # of hours annually: 120   
 Sick leave costs, if not included in base salary. # of hours annually: 96   
 Contribution to retirement benefits.   
 Costs of worker's compensation. (See Part III, Question 4)   
 Costs of unemployment insurance. (See Part III, Question 4)   
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



*Law Enforcement Executive's Name:* Ross Cooper

Title: Chief Agency Name: City of Norco Sheriff's Office

Address: 2870 Clark Avenue

City: Norco State: CA Zip Code: 92860

Telephone: 909-270-5672 Fax: 909-270-5666

E-mail (if applicable): rcooper@rc-lawnet.org

*Type of Law Enforcement Agency:*

- Municipal                       State                       County Police Department  
 Sheriff\*                               Tribal\*                       Transit\*  
 School\*                               University/College\* ( Public or  Private?)  
 Public Housing\*                       New Start-Up\* (please specify): \_\_\_\_\_  
 Other\* (please specify): \_\_\_\_\_

\* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

*Government Executive's Name:* Ed Hatzenbuhler

Title: City Manager Name of Government Entity: City of Norco

Address: 2870 Clark Avenue

City: Norco State: CA Zip Code: 92860

Telephone: 909-270-5611 Fax: 909-270-5622

E-mail (if applicable): ehatzenbuhler@ci.norco.ca.us

*Type of Government Entity:*

- State                       City                       Town                       County  
 Village                       Borough                       Township                       Territory  
 Region                       Council                       Community                       Pueblo  
 Nation                       School District  
 Other (please specify): \_\_\_\_\_

*Contact Information:*

Contact person in your department who is familiar with this grant:

Name: Ross Cooper Title: Chief

Telephone: 909-270-5672 Fax: 909-270-5666

E-mail (if applicable): rcooper@rc-lawnet.org

### III. Department Information

Population served as of 2000 U.S. Census: 24,157  
Current population if different: same and square miles covered: 14.4  
*Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.*

*Current budgeted locally-funded sworn force strength as of the date of application:*  
Full-time officers: 18 Part-time officers: 0  
*The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff unless they perform police functions.*

*Current actual locally-funded sworn force strength as of the date of application:*  
Full-time officers: 18 Part-time officers: 0  
*The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.*

### IV. Officer Request Information

*What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?*

Full-time: 2 Part-time: 0  
*Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.*

\*Total amount of federal funds requested for all full-time and part-time officers:

\$ 816,534  
From Page 29, Box A on Budget Information Worksheets

\*Total non-federal matching funds required (local share):

\$ 90,726  
From Page 29, Box B on Budget Information Worksheets

*\*To answer these questions, complete and refer to the Universal Hiring Program 2002 Budget Information Worksheets provided in this Application Booklet.*

*Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?*

Yes  No

*If "yes," provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.*

**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: City of Norco ORI Code (Assigned by FBI): C A 0 3 3 1 0

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer – Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$ 143,895.00	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
<b>Annual Fringe Benefits:</b>			
* Social Security	\$ _____	%	Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
* Medicare	\$ _____	%	Cost for Medicare may not exceed 1.45%. If exempt check here <input checked="" type="checkbox"/>
Health Insurance	\$ _____	%	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____	%	Costs toward life insurance coverage.
Vacation	\$ _____	%	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____	%	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____	%	Contribution to retirement benefits.
* Worker's Comp.	\$ _____	%	Costs of worker's compensation. (See Part III, Question 4)
* Unemployment Ins.	\$ _____	%	Costs of unemployment insurance. (See Part III, Question 4)
Other	\$ _____	%	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other	\$ _____	%	

Total Fringe Benefits \$ 0.00 Sum of department fringe benefit costs for Year 1.  
Total Year 1 Salary and Benefits \$ 143,895.00 Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

**2. Cost Per Full-Time Officer – Year 2**

Current Annual Entry-Level Base Salary	\$ 151,090.00	% of base salary	
<b>Annual Fringe Benefits:</b>			
*Social Security	\$ _____	%	Cost for Social Security may not exceed 6.2%. If exempt check here <input type="checkbox"/>
*Medicare	\$ _____	%	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____	%	Costs toward health insurance coverage; please indicate if this is for <b>Family Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____	%	Costs toward life insurance coverage.
Vacation	\$ _____	%	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____	%	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____	%	Contribution to retirement benefits.
*Worker's Comp.	\$ _____	%	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ _____	%	Costs of unemployment insurance. (See Part III, Question 4)
Other _____	\$ _____	%	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____	%	

Total Fringe Benefits \$ 0.00 Sum of department fringe benefit costs for Year 2.

Total Year 2 Salary and Benefits \$ 151,090.00 Year 2 base salary plus Year 2 fringe benefits.

**3. Cost Per Full-Time Officer – Year 3**

Current Annual Entry-Level Base Salary	\$ 158,645.00	% of base salary	
<b>Annual Fringe Benefits:</b>			
*Social Security	\$ _____	%	Cost for Social Security may not exceed 6.2%. If exempt check here <input type="checkbox"/>
*Medicare	\$ _____	%	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____	%	Costs toward health insurance coverage; please indicate if this is for <b>Family Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____	%	Costs toward life insurance coverage.
Vacation	\$ _____	%	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____	%	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____	%	Contribution to retirement benefits.
*Worker's Comp.	\$ _____	%	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ _____	%	Costs of unemployment insurance. (See Part III, Question 4)
Other _____	\$ _____	%	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____	%	

Total Fringe Benefits \$ 0.00 Sum of department fringe benefit costs for Year 3.

Total Year 3 Salary and Benefits \$ 158,645.00 Year 3 base salary plus Year 3 fringe benefits.



OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 5/24/02	Applicant Identifier
	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> California State University, Hayward	<b>Organizational Unit:</b>
--	-----------------------------

<b>Address (give city, county, State, and zip code):</b> 25800 Carlos Bee Boulevard Hayward, CA 94542 Alameda County	<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Roland Krug 510-885-3956
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 1524922	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> I
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<b>8. TYPE OF APPLICATION:</b> <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 H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
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<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Justice
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 16 - 710 <b>TITLE:</b> Public Safety and Community Policing Grants	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> COPS Universal Hiring Program - CSUH proposal to add three officers for community policing.
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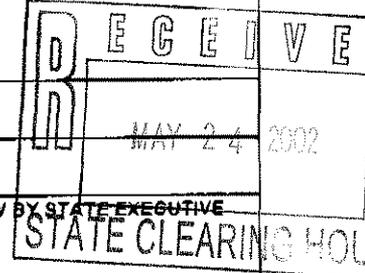
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Hayward, CA
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<b>13. PROPOSED PROJECT</b> Start Date: 9/1/02 Ending Date: 8/31/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 13 b. Project: 13
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/24/02 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														
<table border="1"> <tr><td>a. Federal</td><td>\$ 225,000<sup>00</sup></td></tr> <tr><td>b. Applicant</td><td>\$ 252,789<sup>00</sup></td></tr> <tr><td>c. State</td><td>\$ <sup>00</sup></td></tr> <tr><td>d. Local</td><td>\$ <sup>00</sup></td></tr> <tr><td>e. Other</td><td>\$ <sup>00</sup></td></tr> <tr><td>f. Program Income</td><td>\$ <sup>00</sup></td></tr> <tr><td>g. TOTAL</td><td>\$ 477,789<sup>00</sup></td></tr> </table>	a. Federal	\$ 225,000 <sup>00</sup>	b. Applicant	\$ 252,789 <sup>00</sup>	c. State	\$ <sup>00</sup>	d. Local	\$ <sup>00</sup>	e. Other	\$ <sup>00</sup>	f. Program Income	\$ <sup>00</sup>	g. TOTAL	\$ 477,789 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$ 225,000 <sup>00</sup>														
b. Applicant	\$ 252,789 <sup>00</sup>														
c. State	\$ <sup>00</sup>														
d. Local	\$ <sup>00</sup>														
e. Other	\$ <sup>00</sup>														
f. Program Income	\$ <sup>00</sup>														
g. TOTAL	\$ 477,789 <sup>00</sup>														

**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.**

<b>a. Type Name of Authorized Representative</b> Frank Martino	<b>b. Title</b> Provost and Vice President, Academic Affairs	<b>c. Telephone Number</b> (510) 885-3711
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5-24-02



### I. General Information

Applicant Organization's Legal Name:

EL DORADO COUNTY

Applicant Agency ORI Number: CA00900

*The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 14.*

Applicant Agency EIN Number: 946000511

*The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.*

Federal Congressional District Number: 4

*Do not substitute state or local congressional districts.*

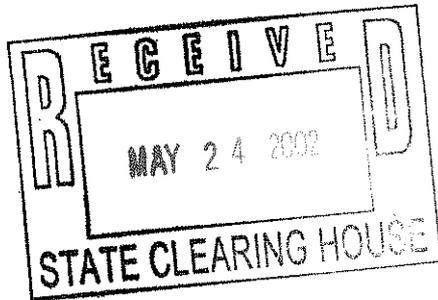
Is your agency contracting for law enforcement services?  Yes  No

*If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.*

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

Due to the recession in California local funds are not available to hire additional officers to meet the continued population growth in El Dorado County. By using Federal funds to absorb the bulk of salary and benefit costs for additional deputies in the first and second year of the grant, the County buys time for the economy to rebound and for County funds to once again be available to pay for additional Deputy Sheriffs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

*Law Enforcement Executive's Name:* HAROLD N. BARKER  
*Title:* Sheriff *Agency Name:* El Dorado County Sheriff's Office  
*Address:* 300 Fair Lane  
 \_\_\_\_\_  
*City:* Placerville *State:* CA *Zip Code:* 95667  
*Telephone:* 530-621-5660 *Fax:* 530-626-8091  
*E-mail (if applicable):* \_\_\_\_\_

**Type of Law Enforcement Agency:**

- Municipal                       State                       County Police Department  
 Sheriff\*                       Tribal\*                       Transit\*  
 School\*                       University/College\* ( Public or  Private?)  
 Public Housing\*                       New Start-Up\* (please specify): \_\_\_\_\_  
 Other\* (please specify): \_\_\_\_\_

\* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

*Government Executive's Name:* David A. Solaro  
*Title:* Chair *Name of Government Entity:* El Dorado County Board of Supervisors  
*Address:* 330 Fair Lane  
 \_\_\_\_\_  
*City:* Placerville *State:* CA *Zip Code:* 95667  
*Telephone:* 530-621-6577 *Fax:* 530-622-3645  
*E-mail (if applicable):* dsolaro@co.el-dorado.ca.us

**Type of Government Entity:**

- State                       City                       Town                       County  
 Village                       Borough                       Township                       Territory  
 Region                       Council                       Community                       Pueblo  
 Nation                       School District  
 Other (please specify): \_\_\_\_\_

**Contact Information:**

Contact person in your department who is familiar with this grant:  
*Name:* Nancy D. Egbert *Title:* Director of Admin. Services  
*Telephone:* 530-621-5479 *Fax:* 530-626-8091  
*E-mail (if applicable):* egbertn@edso.org

**Universal Hiring Program 2002 Budget Information**

ORI Code (Assigned by FBI): CA00900

Applicant Legal Name: EL DORADO COUNTY

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.

OMB Approval Number: 1103-0027

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer - Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$ 41,500.00	% of base salary	
<b>Annual Fringe Benefits:</b>			
* Please refer to Part III, Question 4			
*Social Security	\$ -0-.00	N/A	%
*Medicare	\$ 602.00	1.45	%
Health Insurance	\$ 8,468.00	N/A	%
Life Insurance	\$ -0-.00	N/A	%
Vacation	\$ -0-.00	N/A	%
Sick Leave	\$ -0-.00	N/A	%
Retirement	\$ 3,943.00	9.5	%
*Worker's Comp.	\$ 6,419.00	N/A	%
*Unemployment Ins.	\$ 129.00	N/A	%
Other Liab. Ins.	\$ 964.00	N/A	%
Other	\$ .00		%
<b>Total Fringe Benefits</b>	\$ 20,525.00		
<b>Total Year 1 Salary and Benefits</b>	\$ 62,025.00		

Sum of department fringe benefit costs for Year 1.

Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

Applicant Legal Name: EL DORADO COUNTY

**2. Cost Per Full-Time Officer - Year 2**

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Current Annual Entry-Level Base Salary \$ 45,650 .00 % of base salary

Cost for Social Security may not exceed 6.2%. If exempt check here:    
 Cost for Medicare may not exceed 1.45%. If exempt check here    
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No   
 Costs toward life insurance coverage.   
 Vacation costs, if not included in base salary. # of hours annually: 80   
 Sick leave costs, if not included in base salary. # of hours annually: 96   
 Contribution to retirement benefits.   
 Costs of worker's compensation. (See Part III, Question 4)   
 Costs of unemployment insurance. (See Part III, Question 4)   
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Annual Fringe Benefits:			
*Social Security	\$ -0-	.00	N/A %
*Medicare	\$ 662	.00	1.45 %
Health Insurance	\$ 9,484	.00	N/A %
Life Insurance	\$ -0-	.00	N/A %
Vacation	\$ -0-	.00	N/A %
Sick Leave	\$ -0-	.00	N/A %
Retirement	\$ 4,337	.00	9.5 %
*Worker's Comp.	\$ 6,419	.00	N/A %
*Unemployment Ins.	\$ 129	.00	N/A %
Other Liab. Ins.	\$ 964	.00	N/A %
Other	\$	.00	%

Sum of department fringe benefit costs for Year 2.   
 Year 2 base salary plus Year 2 fringe benefits.

Total Fringe Benefits \$ 21,995 .00   
 Total Year 2 Salary and Benefits \$ 67,645 .00

**3. Cost Per Full-Time Officer - Year 3**

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Current Annual Entry-Level Base Salary \$ 50,215 .00 % of base salary

Cost for Social Security may not exceed 6.2%. If exempt check here:    
 Cost for Medicare may not exceed 1.45%. If exempt check here    
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No   
 Costs toward life insurance coverage.   
 Vacation costs, if not included in base salary. # of hours annually: 80   
 Sick leave costs, if not included in base salary. # of hours annually: 96   
 Contribution to retirement benefits.   
 Costs of worker's compensation. (See Part III, Question 4)   
 Costs of unemployment insurance. (See Part III, Question 4)   
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Annual Fringe Benefits:			
*Social Security	\$ -0-	.00	N/A %
*Medicare	\$ 727	.00	1.45 %
Health Insurance	\$ 9,484	.00	N/A %
Life Insurance	\$ -0-	.00	N/A %
Vacation	\$ -0-	.00	N/A %
Sick Leave	\$ -0-	.00	N/A %
Retirement	\$ 4,762	.00	9.5 %
*Worker's Comp.	\$ 6,419	.00	N/A %
*Unemployment Ins.	\$ 129	.00	N/A %
Other Liab. Ins.	\$ 964	.00	N/A %
Other	\$	.00	%

Sum of department fringe benefit costs for Year 3.   
 Year 3 base salary plus Year 3 fringe benefits.

Total Fringe Benefits \$ 22,485 .00   
 Total Year 3 Salary and Benefits \$ 72,700 .00

## I. General Information

Applicant Organization's Legal Name:

City of Eureka Police Department



Applicant Agency ORI Number: CA 01203

*The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 14.*

Applicant Agency EIN Number: 94-6000372

*The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.*

Federal Congressional District Number: 1

*Do not substitute state or local congressional districts.*

Is your agency contracting for law enforcement services?  Yes  No

*If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.*

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

The last few years have seen a decrease in  
City revenues and a lowering of our reserves.  
This has been compounded by larger expenses for  
the City. The Police Department, along with  
other City Departments has been issued a hiring  
freeze. Federal funds would assist the  
Eureka Police Department to carry out goals  
and assist in law enforcement activities.

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

**Law Enforcement Executive's Name:** David A. Douglas  
**Title:** Chief of Police **Agency Name:** Eureka Police Department  
**Address:** 604 C Street

**City:** Eureka **State:** CA **Zip Code:** 95501  
**Telephone:** 707 441 4095 **Fax:** 707 441 4387  
**E-mail (if applicable):** ddouglas@eurekapd.org

**Type of Law Enforcement Agency:**

- Municipal  State  County Police Department  
 Sheriff\*  Tribal\*  Transit\*  
 School\*  University/College\* ( Public or  Private?)  
 Public Housing\*  New Start-Up\* (please specify): \_\_\_\_\_  
 Other\* (please specify): \_\_\_\_\_

\*Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

**Government Executive's Name:** David W. Tyson  
**Title:** City Mgr **Name of Government Entity:** City of Eureka  
**Address:** 531 K Street

**City:** Eureka **State:** CA **Zip Code:** 95501  
**Telephone:** 707 441 4144 **Fax:** 707 441 4138  
**E-mail (if applicable):** tyson@eurekaweb.com

**Type of Government Entity:**

- State  City  Town  County  
 Village  Borough  Township  Territory  
 Region  Council  Community  Pueblo  
 Nation  School District  
 Other (please specify): \_\_\_\_\_

**Contact Information:**

Contact person in your department who is familiar with this grant:  
**Name:** David A. Douglas **Title:** Chief of Police  
**Telephone:** 707 441 4095 **Fax:** 707 441 4387  
**E-mail (if applicable):** ddouglas@eurekapd.org

**PART II: Complete if your agency is requesting part-time officers**

Note: There is a funding cap for part-time officers in proportion to the number of hours worked (e.g., 20 hours/40 hour week = .5 full-time equivalent officer; Part-time Federal Share Cap = 0.5 x \$75,000 = \$37,500). For a detailed explanation on how to compute the part-time cap, please see page 13 of the Application Instructions Manual.

1. **Part-time Hours:** What is the average number of hours per week that your part-time COPS officer will work? 20  
 How many hours per week is considered full-time employment? 40  
 What is the average number of hours per year that your part-time COPS officer will work? 1,000  
 What is the hourly rate for the part-time COPS officer? \$21.30  
 Multiply the hourly rate by the average number of hours per year that the part-time COPS officer will work, and enter this amount below on the base salary line (A).

**2. Cost Per Part-Time Officer - Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

	Current Annual Entry-Level Base Salary (A)	\$ 21,300.00	% of base salary	Enter the base annual first year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:				
* Please refer to Part III, Question 4				
*Social Security	\$ 0.00		%	Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
*Medicare	\$ 310.00	1.45	%	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ 0.00		%	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Life Insurance	\$ 0.00		%	Costs toward life insurance coverage.
Vacation	\$ 0.00		%	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ 0.00		%	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ 0.00		%	Contribution to retirement benefits.
*Worker's Comp.	\$ 1,580.00	7.41	%	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ 0.00		%	Costs of unemployment insurance. (See Part III, Question 4)
Other	\$ 0.00		%	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other	\$ 0.00		%	
Total Fringe Benefits	\$ 1,890.00			Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ 23,190.00			Year 1 base salary plus Year 1 fringe benefits.

**3. Cost Per Part-Time Officer - Year 2**

Current Annual Entry-Level Base Salary (A)	\$ 22,580.00	% of base salary	
Annual Fringe Benefits:			
*Social Security	\$ _____	%	
*Medicare	\$ 330.00	%	1.45
Health Insurance	\$ _____	%	
Life Insurance	\$ _____	%	
Vacation	\$ _____	%	
Sick Leave	\$ _____	%	
Retirement	\$ _____	%	
*Worker's Comp.	\$ 1,670.00	%	7.41
*Unemployment Ins.	\$ _____	%	
Other	\$ _____	%	
Other	\$ _____	%	

Total Fringe Benefits \$ 2,000.00  
 Total Year 2 Salary and Benefits \$ 24,580.00

**4. Cost Per Part-Time Officer - Year 3**

Current Annual Entry-Level Base Salary (A)	\$ 23,257.00	% of base salary	
Annual Fringe Benefits:			
*Social Security	\$ _____	%	
*Medicare	\$ 337.00	%	1.45
Health Insurance	\$ _____	%	
Life Insurance	\$ _____	%	
Vacation	\$ _____	%	
Sick Leave	\$ _____	%	
Retirement	\$ _____	%	
*Worker's Comp.	\$ 1,723.00	%	7.41
*Unemployment Ins.	\$ _____	%	
Other	\$ _____	%	
Other	\$ _____	%	

Total Fringe Benefits \$ 2,060.00  
 Total Year 3 Salary and Benefits \$ 25,317.00

Enter the base annual salary that your department currently pays a new, entry-level part-time officer in their second year.

Cost for Social Security may not exceed 6.2%. If exempt check here  X  
 Cost for Medicare may not exceed 1.45%. If exempt check here    
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.  
 Year 2 base salary plus Year 2 fringe benefits

Enter the base annual salary that your department currently pays a new, entry-level part-time officer in their third year.

Cost for Social Security may not exceed 6.2%. If exempt check here  X  
 Cost for Medicare may not exceed 1.45%. If exempt check here    
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.  
 Year 3 base salary plus Year 3 fringe benefits.

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITT

5/27/02

Applicant Identifier

1. TYPE OF SUBMISSION

Application  Preapplication   
 Construction  Construction  
 Non-Construction  Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Bernardino Valley Municipal Water District

Organizational Unit:

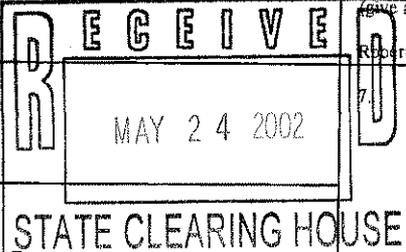
Address (give city, county, state, and zip code):  
 1350 South E Street  
 San Bernardino, CA 92412-5906  
 San Bernardino County

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

Robert M. Tincher, (909) 387-9215

6. EMPLOYER IDENTIFICATION (EIN):

956005196



TYPE OF APPLICANT: (enter appropriate letter here) G

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

8. TYPE OF APPLICATION:

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

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Characterization of groundwater contamination in the area of historic high groundwater within the San Bernardino Basin Area, San Bernardino, California

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

San Bernardino, California

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date	End Date
9/2002	9/2004

a. Applicant:  
42<sup>nd</sup> District

b. Project  
42<sup>nd</sup> District

15. Estimated Funding:

a. Federal	\$	598,700
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL		598,700.00

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 PROCESSES FOR REVIEW ON:

DATE 5/24/02

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. Typed Name of Authorized Representative: Robert L. Reiter

b. Title: General Manager and Chief Engineer

c. Telephone Number  
(909) 387-9222

d. Signature of Authorized Representative

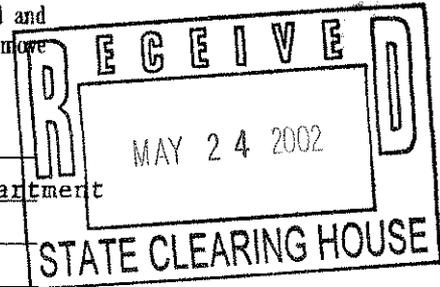
*Robert L. Reiter*

e. Date Signed

5/24/02

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



Law Enforcement Executive's Name: Jack Griggs  
 Title: Chief of Police Agency Name: Delano Police Department  
 Address: 1022 12th Ave., P.O. Box 218

City: Delano State: CA Zip Code: 93216  
 Telephone: (661) 721-3377 Fax: (661) 725-0631  
 E-mail (if applicable): jackgriggs@hotmail.com

**Type of Law Enforcement Agency:**

- Municipal
- Sheriff\*
- School\*
- Public Housing\*
- Other\* (please specify): \_\_\_\_\_
- State
- Tribal\*
- University/College\* ( Public or  Private?)
- New Start-Up\* (please specify): \_\_\_\_\_
- County Police Department
- Transit\*

\*Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

Government Executive's Name: Adela Gonzalez  
 Title: City Manager Name of Government Entity: City of Delano  
 Address: 1015 11th Avenue  
P.O. Box 939

City: Delano State: CA Zip Code: 93216  
 Telephone: (661) 721-3303 Fax: (661) 721-3312  
 E-mail (if applicable): gonzalez@delano-ca.org

**Type of Government Entity:**

- State
- Village
- Region
- Nation
- Other (please specify): \_\_\_\_\_
- City
- Borough
- Council
- School District
- Town
- Township
- Community
- County
- Territory
- Pueblo

**Contact Information:**

Contact person in your department who is familiar with this grant:  
 Name: Thelma Galario Title: Program Analyst  
 Telephone: (661) 720-2264 Fax: (661) 725-0631  
 E-mail (if applicable): tgalario@hotmail.com

### Universal Hiring Program Application Booklet

## III. Department Information

Population served as of 2000 U.S. Census: 37,188  
 Current population if different: 40,300 and square miles covered: 13.06  
 Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department **must exclude** populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.

Current budgeted locally-funded sworn force strength as of the date of application:  
 Full-time officers: 39 Part-time officers: 0  
 The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff unless they perform police functions.

Current actual locally-funded sworn force strength as of the date of application:  
 Full-time officers: 38 Part-time officers: 0  
 The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

## IV. Officer Request Information

What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?

Full-time: 2 Part-time: 0  
 Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.

\*Total amount of federal funds requested for all full-time and part-time officers:

\$ 150,000  
 From Page 29, Box A on Budget Information Worksheets

\*Total non-federal matching funds required (local share):

\$ 180,258  
 From Page 29, Box B on Budget Information Worksheets

*To answer these questions, complete and refer to the Universal Hiring Program 2002 Budget Information Worksheets provided in this Application Booklet.*

Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?

[ ] Yes [X] No

If "yes," provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.



**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: City of Delano ORI Code (Assigned by FBI): CA01503

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Part II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. **Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
**OMB Approval Number 1103-0027**

**Part I: Complete if your agency is requesting full-time officers**

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

<b>1. Cost Per Full-Time Officer - Year 1</b>			<b>% of base salary</b>	<b>Enter the base annual salary that your department currently pays a new, entry-level officer.</b>
Current Annual Entry-Level Base Salary	\$ 36,066.00			
Annual Fringe Benefits:				
*Please refer to Part III, Question 4.				
*Social Security	\$ 2,310.00	6.20%	<input type="checkbox"/>	Cost for Social Security may not exceed 6.2%. If exempt check here
*Medicare	\$ 540.00	1.45%	<input type="checkbox"/>	Cost for Medicare may not exceed 1.45%. If exempt check here
Health Insurance	\$ 3,504.00	9.71%		Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ 87.00	0.24%		Costs toward life insurance life coverage.
Vacation	\$ 1,665.00	4.62%		Vacation costs, if not included in base salary. # of hours annually:
Sick Leave	\$ 1,665.00	4.62%		Sick leave costs, if not included in base salary. # of hours annually:
Retirement	\$ 240.00	0.67%		Contribution to retirement benefits.
*Worker's Comp.	\$ 3,451.00	9.57%		Costs of worker's compensation. (see Part III, Question 4)
*Unemployment Ins.	\$ 1,226.00	3.40%		Costs of unemployment insurance. (See Part III, Question 4)
Other CAFE	\$ 1,200.00	3.33%		<b>Costs of equipment, training, uniforms, vehicles and overtime are not permitted.</b>
Other				
Total Fringe Benefits	15,888.00			Sum of department fringe benefit costs for Year 1.
<b>Total Year 1 Salary and Benefits</b>	<b>51,954.00</b>			<b>Year 1 base salary plus Year 1 fringe benefits.</b>

Applicant Legal Name: City of Delano

ORJ Code (Assigned by FBI):

CA01503

**2. Cost Per Full-Time Officer - Year 2**

Current Annual Entry-Level Base Salary \$ 37,869.00

Annual Fringe Benefits:

\*Please refer to Part III, Question 4.

*Social Security	\$ 2,422.00	6.20%
*Medicare	\$ 567.00	1.45%
Health Insurance	\$ 3,504.00	9.25%
Life Insurance	\$ 87.00	0.23%
Vacation	\$ 1,748.00	4.62%
Sick Leave	\$ 1,748.00	4.62%
Retirement	\$ 872.00	2.30%
*Worker's Comp.	\$ 3,624.00	9.57%
*Unemployment Ins.	\$ 1,288.00	3.40%
Other CAFE	\$ 1,200.00	3.17%
Other		

Total Fringe Benefits \$ 17,060.00  
Total Year 2 Salary and Benefits \$ 54,929.00

**3. Cost Per Full-Time Officer - Year 3**

Current Annual entry-Level Base Salary \$ 39,762.00

Annual Fringe Benefits:

\*Please refer to Part III, Question 4.

*Social Security	\$ 2,540.00	6.20%
*Medicare	\$ 594.00	1.45%
Health Insurance	\$ 3,504.00	8.81%
Life Insurance	\$ 87.00	0.22%
Vacation	\$ 1,835.00	4.62%
Sick Leave	\$ 1,835.00	4.62%
Retirement	\$ 1,732.00	4.36%
*Worker's Comp.	\$ 3,805.00	9.57%
*Unemployment Ins.	\$ 1,352.00	3.40%
Other CAFE	\$ 1,200.00	3.02%
Other		

Total Fringe Benefits \$ 18,484.00  
Total Year 3 Salary and Benefits \$ 58,246.00

% of base salary

6.20%
1.45%
9.25%
0.23%
4.62%
4.62%
2.30%
9.57%
3.40%
3.17%

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here

Cost for Medicare may not exceed 1.45%. If exempt check here

Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No

Costs toward life insurance life coverage.

Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_

Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_

Contribution to retirement benefits.

Costs of worker's compensation. (see Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.  
Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here

Cost for Medicare may not exceed 1.45%. If exempt check here

Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No

Costs toward life insurance life coverage.

Vacation costs, if not included in base salary. # of hours annually: \_\_\_\_\_

Sick leave costs, if not included in base salary. # of hours annually: \_\_\_\_\_

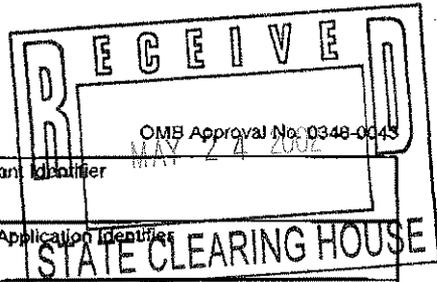
Contribution to retirement benefits.

Costs of worker's compensation. (see Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.  
Year 3 base salary plus Year 3 fringe benefits.



**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 23, 2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Folsom		Organizational Unit: Police Department	
Address (give city, county, State, and zip code): 50 Natoma St. Folsom, CA. 95630		Name and telephone number of person to be contacted on matters involving this application (give area code): Capt Wayne Vierra (916)355-7244	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000334		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> 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) _____	
<b>8. TYPE OF APPLICATION:</b> <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): _____		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Justice	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 16-710 TITLE: Public Safety Community Policing Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Universal Hiring Grant	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Folsom			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> District 4	
Start Date: 10/1/02	Ending Date: 9/30/05	a. Applicant: City of Folsom	b. Project: COPS Universal Hiring Grant
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 750,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 23, 2002</u>	
b. Applicant	\$ 1,841,470.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 2,591,470.00		
<b>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.</b>			
a. Type Name of Authorized Representative Martha Clark Lofgren		b. Title City Manager	c. Telephone Number (916) 355-7220
d. Signature of Authorized Representative 		e. Date Signed	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED MAY 16, 2002		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: DEPARTMENT of TOXIC SUBSTANCES CONTROL			Organizational Unit: SITE MITIGATION PROGRAM		
Address (give city, county, state, and zip code): 1001 I STREET, 11th FLOOR P.O. BOX 806 SACRAMENTO, CALIFORNIA 95812-0806			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
6. EMPLOYER IDENTIFICATION (EIN): <u>08-0281281</u>			7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: new <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> B A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: REGION IX U.S. ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66802</u> TITLE: ENVIRONMENTAL RESTORATION PROGRAM			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>RECEIVED</b> MAY 24 2002 <b>STATE CLEARING HOUSE</b>		
12. AREAS AFFECTED BY PROJECT (CITIES, COUNTIES, STATES, ETC) STATEWIDE CALIFORNIA					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date	End Date	a. Applicant:	b. Project:		
07/01/2002	06/30/2004	3 & 4	STATEWIDE		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal*	\$ 1,280,000	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____			
b. Applicant	\$	b. NO, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 1,280,000				
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. Typed Name of Authorized Representative. DOROTHY RICE		b. Title: DEPUTY DIRECTOR		c. Telephone No. (916) 323-3556	
d. Signature of Authorized Representative <i>Dorothy Rice</i>				e. Date Signed 5.17.02	

**Department of Toxic Substances Control**  
 Site Mitigation Program  
 Planning and Management Branch  
 1001 "I" Street, 11th Floor (11-4)  
 P.O. Box 806  
 Sacramento, CA 95812-0806  
 Office: (916) 327-4258  
 Fax: (916) 323-3500

FROM: SUE SIMS

DATE: 3-24-02

TO: TERY ROBERTS

Fax Number: 323-3018

- Special Handling Requests:  URGENT  Confidential  Please hand-deliver
- Call to confirm receipt of this fax
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Including this cover page, you should receive: 3 Pages  
 (If you experience problems with this transmission, please call (916) 327-4258 for assistance.)

*The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at [www.dtsc.ca.gov](http://www.dtsc.ca.gov).*



# Department of Toxic Substances Control



Winston H. Hickox  
Agency Secretary  
California Environmental  
Protection Agency

Edwin F. Lowry, Director  
1001 "I" Street, 25<sup>th</sup> Floor  
P.O. Box 806  
Sacramento, California 95812-0806

Gray Davis  
Governor

## MEMORANDUM

TO: State Clearinghouse  
Grant Coordinator  
Office of Planning and Research  
1400 Tenth Street  
Sacramento, California 95814

FROM: Sue Sims, Chief   
Planning and Management Branch  
Site Mitigation Program Brownsfield Reuse Program  
Department of Toxic Substances Control

DATE: March 24, 2002

SUBJECT: APPLICATION FOR FEDERAL ASSISTANCE FROM THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

---

The Department of Toxic Substances Control has forwarded the grant application for Fiscal Years (FY) 2002-2003 and 2003-2004 grant application to the U.S. Environmental Protection Agency for the Preliminary Assessment/Site Inspection Project.

Attached is a copy of the grant application cover sheet for federal assistance for the Two fiscal years captioned above. Pursuant to the State Review Process, Executive Order 12372, we are hereby requesting that you initiate the Clearinghouse process and Assign a Clearinghouse number to this project.

If you have any questions, please call me at (916) 445-3601.

Attachment.

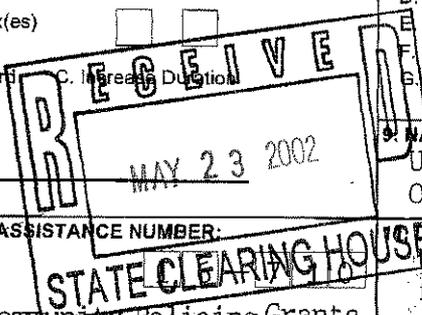
cc: Ms. Melinda Taplin, Chief  
Grants Management Section  
U.S. Environmental Protection Agency  
75 Hawthorne Street, PMD-7  
San Francisco, California 94105

*The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at [www.dtsc.ca.gov](http://www.dtsc.ca.gov).*

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/20/02		Applicant Identifier CA01005	
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF FRESNO			Organizational Unit: POLICE DEPARTMENT		
Address (give city, county, State, and zip code): 2326 Fresno Street Fresno, CA 93721			Name and telephone number of person to be contacted on matters involving this application (give area code) Judy Garcia, (559) 621-2053		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		
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):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Public Safety & Community Policing Grants			9. NAME OF FEDERAL AGENCY: U.S. DOJ Office of Community Oriented Policing		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Universal Hiring Program, assists with funding of sworn law enforcement officers to enhance Community Policing efforts in Patrol.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 19, 20, 21			
Start Date 07/01/03	Ending Date 06/30/07	a. Applicant City of Fresno		b. Project Universal Hiring Program	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 18,120,318 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/20/02			
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$ 0 <sup>00</sup>				
e. Other	\$ <sup>00</sup>				
f. Program Income	\$ <sup>00</sup>				
g. TOTAL	\$ 18,120,318 <sup>00</sup>				
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 Darrell Fifield		b. Title Deputy Chief		c. Telephone Number (559) 621-2100	
d. Signature of Authorized Representative <i>Darrell Fifield</i>				e. Date Signed 5/22/02	



# APPLICATION FOR FEDERAL ASSISTANCE

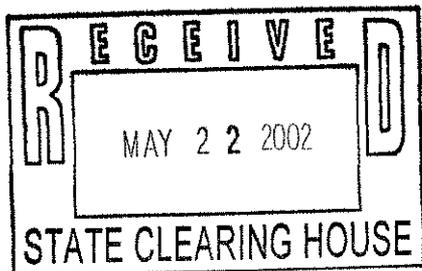
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/20/02		Applicant Identifier CA01005	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: CITY OF FRESNO			Organizational Unit: POLICE DEPARTMENT		
Address (give city, county, State, and zip code): 2326 Fresno Street Fresno, CA 93721			Name and telephone number of person to be contacted on matters involving this application (give area code) Judy Garcia, (559) 621-2053		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6000338			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		
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) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16 - 710 TITLE: Public Safety & Community Policing Grants			9. NAME OF FEDERAL AGENCY: U.S. DOJ Office of Community Oriented Policing		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Universal Hiring Program, assists with funding of sworn law enforcement officers to enhance Community Policing efforts in Patrol.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 07/01/03	Ending Date 06/30/07	a. Applicant City of Fresno		b. Project Universal Hiring Program	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 18,120,318.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/20/02			
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$ 0.00				
e. Other	\$ .00				
f. Program Income	\$ .00				
g. TOTAL	\$ 18,120,318.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Darrell Fifield		b. Title Deputy Chief		c. Telephone Number (559) 621-2100	
d. Signature of Authorized Representative <i>Darrell Fifield</i>				e. Date Signed 5/22/02	

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II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



Law Enforcement Executive's Name: David A. Douglas
Title: Chief Agency Name: Eureka Police Dept.
Address: 604 C Street
City: Eureka State: CA Zip Code: 95501
Telephone: 707 441 4095 Fax: 707 441 4387
Email: ddouglas@eurekapd.org

Type of Police Agency:

- Municipal (checked), Sheriff\*, School\*, Public Housing\*, Other\* (please specify)
State, Tribal\*, University/College\* (Public or Private), New Start-Up\* (please specify)
County PD, Transit\*

\* Agency types with an asterisk next to them must complete the additional questionnaire found in this Application Kit, and submit it along with your application.

Government Executive's Name: David W. Tyson
Title: City Manager Name of Government Entity: City of Eureka
Address: 531 K Street
City: Eureka State: CA Zip Code: 95501
Telephone: 707 441 4144 Fax: 707 441 4138
Email: tyson@eurekaweb.com

**Type of Government Entity:**

- State       City       Town       County  
 Borough     Township     Territory     Region  
 Community    Pueblo       Nation       School District  
 Village       Council  
 Other (please specify): \_\_\_\_\_

**Contact Information:**

Name of contact person in your agency familiar with this grant:

David A. Douglas

Title: Chief of Police

Telephone: 707 441 4095 Fax: 707 441 4387

Email: ddouglas@eurekapd.org

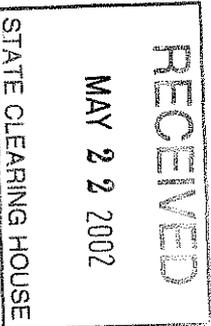
**III. Partner Information**

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. ***Please note, you must designate one school official as the school representative under the grant program.\*\**** In the space below, please provide the information for the individual that will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Eureka City SchoolsSchool Official Name: Jim Scott Title: SuperintendentAddress: 3200 Walford AvenueCity: Eureka State: CA Zip Code: 95503Telephone: 707 441 2400 Fax: 707 441 3326Email: scottj@eurekacityschools.org

***\*\*If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, only one school official per grant award will be permitted to attend the CIS Training.***

**COPS in Schools 2002 Budget Information**



Applicant Legal Name: City of Eureka Police Dept. ORI Code (Assigned by FBI): CA01203

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**Part I: Complete if your agency is requesting full-time officers**

**Instructions:**

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

1. Cost Per Full-Time Officer - Year 1  
Current Annual Entry-Level Base Salary \$ 36,456.00 % of base salary

Annual Fringe Benefits:

\*Please refer to Part III, Question 4.

*Social Security	\$ <u>560.00</u>	<u>1.45</u> %
*Medicare	\$ <u>2,386.00</u>	%
Health Insurance	\$ <u>82.00</u>	%
Life Insurance	\$ <u>1,683.00</u>	%
Vacation	\$ <u>1,683.00</u>	%
Sick Leave	\$ <u>879.00</u>	<u>2.277</u> %
Retirement	\$ <u>2,701.00</u>	<u>7.41</u> %
*Worker's Comp.	\$ <u>.00</u>	%
*Unemployment Ins.	\$ <u>.00</u>	%
Other _____	\$ <u>.00</u>	%
Other <u>HOLIDAY</u>	\$ <u>1,613.00</u>	%
Total Fringe Benefits	\$ <u>11,587.00</u>	
Total Year 1 Salary and Benefits	\$ <u>48,043.00</u>	

Enter the base annual salary that your department currently pays a new, entry-level officer.

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: 96  
 Sick leave costs, if not included in base salary. # of hours annually: 96  
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 1.  
Year 1 base salary plus Year 1 fringe benefits.

Applicant Legal Name: City of Eureka Police Dept.

ORI (Assigned by FBD): CA01203

2. Cost Per Full-Time Officer - Year 2

Current Annual Entry-Level Base Salary \$ 40,596.00 % of base salary

Annual Fringe Benefits:

*Social Security	\$ 623.00	1.45%
*Medicare	\$ 2,386.00	%
Health Insurance		%
Life Insurance	\$ 82.00	%
Vacation	\$ 1,874.00	%
Sick Leave	\$ 1,874.00	%
Retirement	\$ 978.00	2.277%
*Worker's Comp.	\$ 3,008.00	7.41%
*Unemployment Ins.	\$ .00	%
Other	\$ .00	%
Other Holiday	\$ 1,796.00	%

Total Fringe Benefits \$ 12,621.00

Total Year 2 Salary and Benefits \$ 53,217.00

3. Cost Per Full-Time Officer - Year 3

Current Annual Entry-Level Base Salary \$ 42,636.00 % of base salary

Annual Fringe Benefits:

*Social Security	\$ .00	%
*Medicare	\$ 654.00	1.45%
Health Insurance	\$ 2,386.00	%
Life Insurance	\$ 82.00	%
Vacation	\$ 2,132.00	%
Sick Leave	\$ 1,968.00	%
Retirement	\$ 1,026.00	2.277%
*Worker's Comp.	\$ 3,340.00	7.41%
*Unemployment Ins.	\$ .00	%
Other	\$ .00	%
Other Holiday	\$ 1,886.00	%

Total Fringe Benefits \$ 13,474.00

Total Year 3 Salary and Benefits \$ 56,110.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here  Cost for Medicare may not exceed 1.45%. If exempt check here  Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No

Costs toward life insurance coverage. Vacation costs, if not included in base salary # of hours annually: 96 Sick leave costs, if not included in base salary # of hours annually: 96 Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4) Costs of unemployment insurance. (See Part III, Question 4) Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here  Cost for Medicare may not exceed 1.45%. If exempt check here  Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No

Costs toward life insurance coverage. Vacation costs, if not included in base salary # of hours annually: 104 Sick leave costs, if not included in base salary # of hours annually: 96 Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4) Costs of unemployment insurance. (See Part III, Question 4) Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 17, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: California Air Resources Board		Organizational Unit: Administrative Services Division			
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative (916) 322-8201 Nancy Adams, Program (916) 324-8174			
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____			
8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.708 TITLE: Pollution Prevention Grants Program					
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To continue with and expand upon the California Air Resources Board's (ARB) automotive refinishing pollution prevention outreach program.			
13. PROPOSED PROJECT: Start Date End Date		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 03 b. Project: Statewide			
15. Estimated Funding: a. Federal \$ 70,505.00 b. Applicant \$ 70,505.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 141,010.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ Signature date _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Typed Name of Authorized Representative: Larry Morris		b. Title: Chief, Administrative Services		c. Telephone Number: (916) 322-8198	
d. Signature of Authorized Representative		e. Date Signed 5/17/02			

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 17, 2002	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Air Resources Board		Organizational Unit: Administrative Services Division	
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative (916) 322-8201 Mark Williams, Program (916) 327-5633	
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069		TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____	
8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.708 TITLE: Pollution Prevention Grants Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluation of New and Emerging Technologies for Textile Cleaning.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant: 03	b. Project: Statewide
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 73,500.00	a. Yes X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ Signature date _____	
b. Applicant	\$ 73,500.00	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 147,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Larry Morris		b. Title: Chief, Administrative Services	c. Telephone Number: (916) 322-8198
d. Signature of Authorized Representative		e. Date Signed 5/17/02	

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Please ensure all questions are answered completely, and typewritten in the spaces below. *All documents submitted with the original copy of the application must have original signatures; stamped or electronic signatures will not be accepted.* Previous editions of this application may not be used (3/14/02).

**I. General Information**

*Applicant Organization's Legal Name:*

Huron Police Department

*Applicant Agency ORI Number:* CA0100600

*The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Application Instructions Manual, page 16.*

*Applicant Agency EIN Number:* 94-6003558

*The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Application Instruction Manual, page 15.*

*Federal Congressional District Number(s):* 20

*Do not substitute state or local congressional districts.*

*Are you contracting for law enforcement services?*  Yes  No

*If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section below. For further clarification in determining if this applies to your agency, please refer to the Application Instructions Manual, page 15.*

*In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.*

The City of Huron is the 5th poorest city in the State of California, located in the San Joaquin Valley in Fresno County.

Our remote loaction amid this dense agriculture region poses sever economic and social problems. Nine months out of the year our population doubles, which causes a drain on City resources specifically police manpower.

This influx of population brings along with it not only violent crime (Gangs, Drug dealing etc.), but also social problems.

These crimes couple with social issues has a driect impact on our school system (truancy, underage drinking, drug use, smoking).

The lack of appropriate manpower is attrubuted to our City's low tax base. The City's entire budget is 2.8 million



**II. Executive Information**

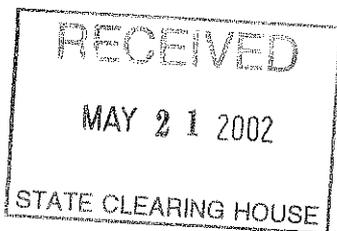
The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

*Law Enforcement Executive's Name:* Joseph P. Miranda  
Title: Chief of Police Agency Name: Huron Police Department  
Address: P.O. Box 339  
City: Huron State: CA Zip Code: 93234-0339  
Telephone: (559) 945-2348 Fax: (559) 945-6411  
Email: huronpd@calis.com

*Type of Police Agency:*

- Municipal
- Sheriff\*
- School\*
- Public Housing\*
- Other\* (please specify): \_\_\_\_\_
- State
- Tribal\*
- University/College\* ( Public or  Private)
- New Start-Up\* (please specify): \_\_\_\_\_
- County PD
- Transit\*

*\* Agency types with an asterisk next to them must complete the additional questionnaire found in this Application Kit, and submit it along with your application.*



*Government Executive's Name:* Al Puente  
Title: City Mgr. Name of Government Entity: City of Huron  
Address: P.O. Box 339  
City: Huron State: CA Zip Code: 93234  
Telephone: (559)945-2241 Fax: (559) 945-2609  
Email: ctymgr@cityofhuron.com



**COPS in Schools 2002 Budget Information**

Applicant Legal Name: Huron Police Department ORI Code (Assigned by FBI): CA0100600

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**Part I: Complete if your agency is requesting full-time officers**

**Instructions:**

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

**1. Cost Per Full-Time Officer - Year 1**

Current Annual Entry-Level Base Salary \$ 24,575.00 1.00 % of base salary

Enter the base annual salary that your department currently pays a new, entry-level officer.

**Annual Fringe Benefits:**

\*Please refer to Part III, Question 4.

*Social Security	\$ <u>1524.00</u>	<u>6.2</u> %
*Medicare	\$ <u>356.00</u>	<u>1.4</u> %
Health Insurance	\$ <u>2358.00</u>	<u>9.6</u> %
Life Insurance	\$ <u>72.00</u>	<u>0.3</u> %
Vacation	\$ <u>600.00</u>	<u>2.4</u> %
Sick Leave	\$ <u>0.00</u>	<u>0</u> %
Retirement	\$ <u>737.00</u>	<u>3.0</u> %
*Worker's Comp.	\$ <u>910.00</u>	<u>3.7</u> %
*Unemployment Ins.	\$ <u>123.00</u>	<u>0.5</u> %
Other Dis. Ins.	\$ <u>452.00</u>	<u>1.8</u> %
Other Uniforms	\$ <u>600.00</u>	<u>2.4</u> %

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 10.4 days / yr  
 Sick leave costs, if not included in base salary. # of hours annually: 12 days / yr  
 Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits \$ 7732.00  
 Total Year 1 Salary and Benefits \$ 32307.00  
 Sum of department fringe benefit costs for Year 1.  
 Year 1 base salary plus Year 1 fringe benefits.

**2. Cost Per Full-Time Officer – Year 2**

Current Annual Entry-Level Base Salary \$ 25804.00 100% of base salary

Annual Fringe Benefits:

*Social Security	\$ <u>1600.00</u>	<u>6.2</u> %
*Medicare	\$ <u>374.00</u>	<u>1.4</u> %
Health Insurance	\$ <u>2476.00</u>	<u>9.6</u> %
Life Insurance	\$ <u>76.00</u>	<u>0.3</u> %
Vacation	\$ <u>630.00</u>	<u>2.4</u> %
Sick Leave	\$ <u>0</u>	<u>0</u> %
Retirement	\$ <u>774.00</u>	<u>3.0</u> %
*Worker's Comp.	\$ <u>956.00</u>	<u>3.7</u> %
*Unemployment Ins.	\$ <u>129.00</u>	<u>0.5</u> %
Other Dis. Ins.	\$ <u>457.00</u>	<u>1.8</u> %
Other Uniforms	\$ <u>630.00</u>	<u>2.4</u> %

Total Fringe Benefits \$ 8119.00

**Total Year 2 Salary and Benefits \$ 33923.00**

**3. Cost Per Full-Time Officer – Year 3**

Current Annual Entry-Level Base Salary \$ 27094.00 100% of base salary

Annual Fringe Benefits:

*Social Security	\$ <u>1680.00</u>	<u>6.2</u> %
*Medicare	\$ <u>392.00</u>	<u>1.4</u> %
Health Insurance	\$ <u>2600.00</u>	<u>9.6</u> %
Life Insurance	\$ <u>79.00</u>	<u>0.3</u> %
Vacation	\$ <u>662.00</u>	<u>2.4</u> %
Sick Leave	\$ <u>0</u>	<u>0</u> %
Retirement	\$ <u>813.00</u>	<u>3.0</u> %
*Worker's Comp.	\$ <u>1003.00</u>	<u>3.7</u> %
*Unemployment Ins.	\$ <u>136.00</u>	<u>0.5</u> %
Other Dis. Ins.	\$ <u>498.00</u>	<u>1.8</u> %
Other Uniforms	\$ <u>662.00</u>	<u>2.4</u> %

Total Fringe Benefits \$ 8525.00

**Total Year 3 Salary and Benefits \$ 36429.00**

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here

Cost for Medicare may not exceed 1.45%. If exempt check here

Costs toward health insurance coverage; please indicate if this is

for Family Coverage  Yes  No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 10.4 day

Sick leave costs, if not included in base salary. # of hours annually: 12 days / yr

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

**Year 2 base salary plus Year 2 fringe benefits.**

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here

Cost for Medicare may not exceed 1.45%. If exempt check here

Costs toward health insurance coverage; please indicate if this is

for Family Coverage  Yes  No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 10.4 days / yr

Sick leave costs, if not included in base salary. # of hours annually: 12 days / yr

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

**Year 3 base salary plus Year 3 fringe benefits.**

**Application for Federal Assistance**

U.S. Department of Housing and Urban Development

Approval No. 2501-0017 (exp. 03/31/2005)

1. Type of Submission

Application  Preapplication

2. Date Submitted 5/2/2002	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name County of Fresno	8. Organizational Unit Planning & Resource Management Dept.
---	--

9. Address (give city, county, State, and zip code) A. Address: 2220 Tulare Street, 6th Floor B. City: Fresno C. County: Fresno D. State: CA E. Zip Code: 93721	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Gigi Gibbs B. Title: Division Manager C. Phone: 559-262-4292 D. Fax: 559-488-3316 E. E-mail: ggibbs@fresno.ca.gov
--	--

11. Employer Identification Number (EIN) or SSN TAX ID #94-6000512	12. Type of Applicant (enter appropriate letter in box) <span style="float: right;">B</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. TDHE L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)
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13. Type of Application  
 New  Continuation  Renewal  Revision  
 If Revision, enter appropriate letters in box(es)    
 A. Increase Amount B. Decrease Amount C. Increase Duration  
 D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency  
U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number  
Emergency Shelter Grant (24.576) 14-218  
Title: Community Development Block Grant (218)  
Component Title: HOME (14.239)

16. Descriptive Title of Applicant's Program  
Fresno County Urban County Community Development Block Grant Program, HOME Investment Partnership Program, Emergency Shelter Grant Program.

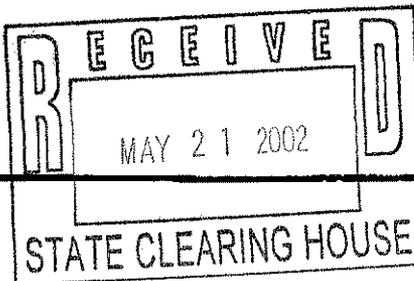
17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.) Fresno County, California

18a. Proposed Program start date 07/01/02	18b. Proposed Program end date 06/30/03	18a. Congressional Districts of Applicant 18, 19, 20	19b. Congressional Districts of Program 18, 19, 20
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20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?  
 A. Yes  This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 04/25/02  
 B. No  Program is not covered by E.O. 12372  
 Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?  No  
 Yes If "Yes," explain below or attach an explanation.



### Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
CDBG	\$5,630,000						\$617,925	\$6,247,925
HOME	\$2,009,000						\$500,000	\$2,509,000
ESG	\$195,000				\$195,000			\$390,000
<b>Grand Totals</b>	<b>\$7,834,000</b>				<b>\$195,000</b>		<b>\$1,117,925</b>	<b>\$9,146,925</b>

\* For FHIPs, show both initiative and component

### Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature <i>Carolina Jimenez-Hogg</i>	Name (printed) Carolina Jimenez-Hogg (CDBG and David R. Dent (ESG ONLY) HOME ONLY
Title Director, Planning & Resource Management Department Director, Human Services System	Date (mm/dd/yyyy) ✓ 5/30/02

Please ensure all questions are answered completely, and typewritten in the spaces below. All documents submitted with the original copy of the application must have original signatures; stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (3/14/02).



**I. General Information**

*Applicant Organization's Legal Name:*

City of Pittsburg Police Department

*Applicant Agency ORI Number:* 0 0 7 0 8 0 0

*The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Application Instructions Manual, page 16.*

*Applicant Agency EIN Number:* 9 4 6 0 0 0 3 9 5

*The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Application Instruction Manual, page 15.*

*Federal Congressional District Number(s):* 7

*Do not substitute state or local congressional districts.*

*Are you contracting for law enforcement services?*       Yes     No

*If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section below. For further clarification in determining if this applies to your agency, please refer to the Application Instructions Manual, page 15.*

*In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.*

Due to its low tax base, the Pittsburg Police Department is unable to budget for adequate staffing levels. For cities with similar Part 1 crime rates, the recommended ratio of police staffing is 1.5 officers per 1,000 residents, while Pittsburg's police staffing ratio is 1.3 officers per 1,000 residents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Executive Information**

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

*Law Enforcement Executive's Name:* Aaron L. Baker  
Title: Chief of Police Agency Name: City of Pittsburg  
Police Dept.  
Address: 65 Civic Avenue

City: Pittsburg State: CA Zip Code: 94565  
Telephone: (925)252-4987 Fax: (925) 252-4111  
Email: abaker@ci.pittsburg.ca.us

**Type of Police Agency:**

- Municipal
- Sheriff\*
- School\*
- Public Housing\*
- Other\* (please specify): \_\_\_\_\_
- State
- Tribal\*
- University/College\* ( Public or  Private)
- New Start-Up\* (please specify): \_\_\_\_\_
- County PD
- Transit\*

*\* Agency types with an asterisk next to them must complete the additional questionnaire found in this Application Kit, and submit it along with your application.*

*Government Executive's Name:* Willis Casey  
Title: City Manager Name of Government Entity: City of Pittsburg, CA  
Address: 65 Civic Avenue

City: Pittsburg State: CA Zip Code: 94565  
Telephone: (925)252-4850 Fax: \_\_\_\_\_  
Email: wcasey@ci.pittsburg.ca.us

**2. Cost Per Full-Time Officer – Year 2**

Current Annual Entry-Level Base Salary	\$ <u>56,112.00</u>	% of base salary
Annual Fringe Benefits:		
*Social Security	\$ <u>814.00</u>	<u>1.45</u> %
*Medicare	\$ <u>0.00</u>	%
Health Insurance	\$ <u>5,791.00</u>	<u>10.32</u> %
Life Insurance	\$ <u>118.00</u>	<u>.21</u> %
Vacation	\$ <u>0.00</u>	%
Sick Leave	\$ <u>24,689.00</u>	<u>44.00</u> %
Retirement	\$ <u>2,637.00</u>	<u>4.70</u> %
*Worker's Comp.	\$ <u>477.00</u>	<u>.85</u> %
*Unemployment Ins.	\$ <u>909.00</u>	<u>1.62</u> %
Other <u>Dental</u>	\$ <u>185.00</u>	<u>.33</u> %
Other <u>Disability</u>	\$ <u>0.00</u>	%

Total Fringe Benefits \$ 35,620.00  
 Total Year 2 Salary and Benefits \$ 91,732.00

**3. Cost Per Full-Time Officer – Year 3**

Current Annual Entry-Level Base Salary	\$ <u>57,515.00</u>	% of base salary
Annual Fringe Benefits:		
*Social Security	\$ <u>834.00</u>	<u>1.45</u> %
*Medicare	\$ <u>0.00</u>	%
Health Insurance	\$ <u>5,936.00</u>	<u>10.32</u> %
Life Insurance	\$ <u>121.00</u>	<u>.21</u> %
Vacation	\$ <u>0.00</u>	%
Sick Leave	\$ <u>25,307.00</u>	<u>44.00</u> %
Retirement	\$ <u>2,703.00</u>	<u>4.70</u> %
*Worker's Comp.	\$ <u>489.00</u>	<u>.85</u> %
*Unemployment Ins.	\$ <u>932.00</u>	<u>1.62</u> %
Other <u>Dental</u>	\$ <u>190.00</u>	<u>.33</u> %
Other <u>Disability</u>	\$ <u>0.00</u>	%

Total Fringe Benefits \$ 36,512.00  
 Total Year 3 Salary and Benefits \$ 94,027.00

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: 120  
 Sick leave costs, if not included in base salary. # of hours annually:       
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.  
 Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage  Yes  No  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary. # of hours annually: 120  
 Sick leave costs, if not included in base salary. # of hours annually:       
 Contribution to retirement benefits.  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.  
 Year 3 base salary plus Year 3 fringe benefits.



U.S. Department of Justice  
Office of Community Oriented Policing Services

**COPS in Schools 2002 Budget Information**

Applicant Legal Name: City of Pittsburgh Police Dept ORI Code (Assigned by FBI): 0070800

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. **Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**Part I: Complete if your agency is requesting full-time officers**

Instructions:

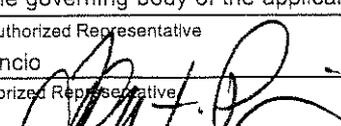
Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

<b>1. Cost Per Full-Time Officer - Year 1</b>			
Current Annual Entry-Level Base Salary	\$ <u>53,478.00</u>	% of base salary	Enter the base annual salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:			Cost for Social Security may not exceed 6.2%. If exempt check here <input type="checkbox"/>
*Please refer to Part III, Question 4.			Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
*Social Security	\$ <u>775.00</u>	<u>1.45</u> %	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Medicare	\$ <u>5,241.00</u>	<u>9.80</u> %	Costs toward life insurance coverage.
Health Insurance			Vacation costs, if not included in base salary. # of hours annually: <u>120</u>
Life Insurance	\$ <u>112.00</u>	<u>0.21</u> %	Sick leave costs, if not included in base salary. # of hours annually: _____
Vacation	\$ _____	_____ %	Contribution to retirement benefits.
Sick Leave	\$ <u>23,530.00</u>	<u>44.00</u> %	Costs of worker's compensation. (See Part III, Question 4)
Retirement	\$ <u>2,615.00</u>	<u>4.89</u> %	Costs of unemployment insurance. (See Part III, Question 4)
*Worker's Comp.	\$ <u>374.00</u>	<u>0.70</u> %	<b>Costs of equipment, training, uniforms, vehicles and overtime are not permitted.</b>
*Unemployment Ins.	\$ <u>866.00</u>	<u>1.62</u> %	
Other Dental	\$ <u>176.00</u>	<u>0.33</u> %	
Other Disability	\$ _____	_____ %	
Total Fringe Benefits	\$ <u>33,689.00</u>		Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ <u>87,167.00</u>		Year 1 base salary plus Year 1 fringe benefits.

# Application for Federal Assistance

EXHIBIT 7(a)

OMB Approval No. 0348-0043

		2. Date Submitted (mm/dd/yyyy) 05-14-02	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAY 21 2002  <b>STATE CLEARING HOUSE</b> </div>
1. Type of Submission		3. Date Received by State (mm/dd/yyyy)	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. Date Received by Federal Agency (mm/dd/yyyy)	
5. Applicant Information			
Legal Name The East Los Angeles Community Union (TELACU)		Organizational Unit STATE CLEARING HOUSE	
Address (give city, county, State, and zip code)  5400 E. Olympic Blvd., Suite 300 Los Angeles, California 90022		Name and telephone number of the person to be contacted on matters involving this application (give area code)  Tom F. Provencio (323) 721-1655	
6. Employer Identification Number (EIN) (xx-yyy-yy-yy) 95 — 2554256		7. Type of Applicant (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>	
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 J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N Nonprofit F. Inter-municipal O Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: HUD Section 202 Program 14 — 157		9. Name of Federal Agency U.S. Department of Housing & Urban Development	
12. Areas Affected by Project (cities, counties, States, etc.) City of San Bernardino, CA County of San Bernardino		11. Descriptive Title of Applicant's Project Supportive Housing for the Elderly	
13. Proposed Project		14. Congressional Districts of	
Start Date (mm/dd/yyyy) 09-30-02	Ending Date (mm/dd/yyyy) 09-30-03	a. Applicant 33rd	b. Project 42nd
15. Estimated Funding		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 05/14/02 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.	
<b>Complete form HUD-424-M, Funding Matrix</b>		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/pre-application 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 Tom F. Provencio		b. Title Authorized Agent	c. Telephone Number (Include Area Code) (323) 721-1655
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 05/14/02	

## Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HUD Section 202		9,900,000					9,900,000
Economic Development Agency				24,900			24,900
<b>Grand Totals</b>		9,900,000		24,900			9,924,900

\* For FHIPs, show both initiative and component

### Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

**Program:** The HUD funding program you are applying under.

**Applicant Share:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Federal Share:** Enter the amount of HUD funds you are requesting with your application.

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

**Total:** Please total all columns and fill in the amounts.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

REVISÉD

1. TYPE OF SUBMISSION:

Application	Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Nonconstruction	<input type="checkbox"/> Nonconstruction

2. Date Submitted

Applicant Identifier

3. Date Received by State

State Application Identifier

4. Date Rec'd by Fed Agency

Federal Identifier

5. APPLICANT INFORMATION

Legal Name

State Water Resources Control Board

Address (give city, county, state, and zip code):

State Water Resources Control Board  
1001 I Street  
Sacramento County  
Sacramento, CA 95814

Organizational Unit

Los Angeles Regional Water Quality Control Board

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

Raymond Jay  
(213) 576-6689

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68102811986

7. TYPE OF APPLICANT: (enter appropriate letter in box)  A

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

8. TYPE OF APPLICATION:

New  Continuation  Revision

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

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

6614611

TITLE: Wetlands Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Monitoring of Wetland Mitigation sites by CWA Section 401 certification requirements.

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

Los Angeles and Ventura Counties, California

13. PROPOSED PROJECT

Start Date	Ending Date
10/1/02	9/30/04

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: 3

b. Project: California--All

15. ESTIMATED FUNDING

a. Federal	\$ 100,000.00
b. Applicant	\$ .00
c. State	\$ 34,000.00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 134,000.00

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 20, 2002

b. NO:  Program is not covered by EO 12372.

Or program has not been selected by state for review.

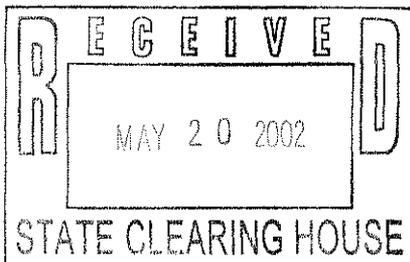
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Celeste Cantú	Executive Director	(916) 341-5615
d. Signature of Authorized Representative	e. Date Signed	

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

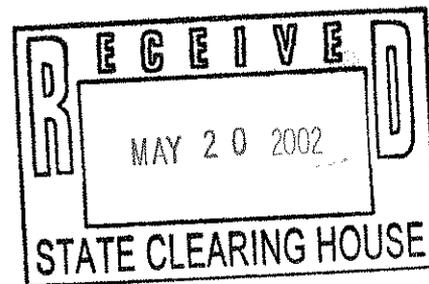
Standard Form 424 (Rev 4-88) Prescribed by OMB Circular A-012



## Application Form

## II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.



**Law Enforcement Executive's Name:** Richard J. Giese

Title: Superintendent/ Agency Name: Mt. San Jacinto Community College District  
President  
 Address: 1499 N. State St.

City: San Jacinto State: CA Zip Code: 92583

Telephone: (909) 487-6752 Fax: (909) 654-6236

E-mail (if applicable): x1106 rgiese@msjc.edu

**Type of Law Enforcement Agency:**

Municipal  State  County Police Department

Sheriff\*  Tribal\*  Transit\*

School\*  University/College\* ( Public or  Private?)

Public Housing\*  New Start-Up\* (please specify): \_\_\_\_\_

Other\* (please specify): \_\_\_\_\_

\* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

**Government Executive's Name:** Richard J. Giese

Title: Superintendent Name of Government Entity: Mt. San Jacinto Community College District  
President  
 Address: 1499 N. State St.

City: San Jacinto State: CA Zip Code: 92582

Telephone: (909) 487-6752 Fax: (909) 654-6236

E-mail (if applicable): x1106 rgiese@msjc.edu

**Type of Government Entity:**

State  City  Town  County

Village  Borough  Township  Territory

Region  Council  Community  Pueblo

Nation  School District

Other (please specify): Community College District

**Contact Information:**

Contact person in your department who is familiar with this grant:

Name: Dona Alpert Title: Director of Research

Telephone: (909) 487-6752 Fax: (909) 654-5191

E-mail (if applicable): x1296 dalpert@msjc.edu

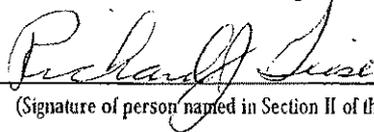
## Application Form

## V. Required Signatures

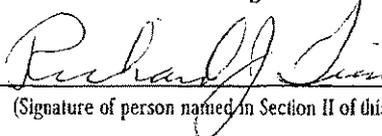
By signing below, I certify that the information provided on this form and on the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law.

Additionally, I understand that prior to any grant award, my agency must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and all other requirements of federal law. My signature certifies that this application requests funding only for officer positions which would not otherwise be funded in my agency's budget with state or local funds.

**Law Enforcement Executive's Signature:**

 Date: 5/20/02  
(Signature of person named in Section II of this form)

**Government Executive's Signature:**

 Date: 5/20/02  
(Signature of person named in Section II of this form)

**Send one original and two copies of all application materials. Refer to the Universal Hiring Program 2002 Application Checklist to ensure that all required documents are being submitted. Completed applications should be sent to:**

**Universal Hiring Program Control Desk  
U.S. Department of Justice, Office of Community Oriented Policing Services  
1100 Vermont Avenue, NW  
8th floor  
Washington, DC 20530 (use zip 20005 for overnight mail)**

Note: Original signatures are needed on the original application to process all funding requests. Faxed copies will not be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

**Universal Hiring Program 2002 Budget Information**

Applicant Legal Name: Mt. San Jacinto Community College District

ORI Code (Assigned by FBI): \_\_\_\_\_

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.  
OMB Approval Number: 1103-0027

**PART I: Complete if your agency is requesting full-time officers**

**1. Cost Per Full-Time Officer - Year 1**

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary \$ 32,028.00 % of base salary

**Annual Fringe Benefits:**

Enter the base annual first year salary that your department currently pays a new, entry-level officer.

\* Please refer to Part III, Question 4

*Social Security	\$ <u>1,986.00</u>	_____	%
*Medicare	\$ <u>465.00</u>	_____	%
Health Insurance	\$ <u>6,530.00</u>	_____	%
Life Insurance	\$ <u>Included .00 in Health</u>	_____	%
Vacation	\$ <u>_____ .00</u>	_____	%
Sick Leave	\$ <u>_____ .00</u>	_____	%
Retirement	\$ <u>2,242.00</u>	_____	%
*Worker's Comp.	\$ <u>417.00</u>	_____	%
*Unemployment Ins.	\$ <u>42.00</u>	_____	%
Other _____	\$ <u>_____ .00</u>	_____	%
Other _____	\$ <u>_____ .00</u>	_____	%

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for **Family Coverage**  Yes  No 2 Adults + Children  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary: # of hours annually: 96  
 Sick leave costs, if not included in base salary: # of hours annually: 96  
 Contribution to retirement benefits. PERS - 7% \*  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits \$ 11,682.00

Sum of department fringe benefit costs for Year 1.

Total Year 1 Salary and Benefits \$ 43,710.00

Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

\*Hourly rate \$15.40  
PERS w/ 2.89% increase = 3,168

**2. Cost Per Full-Time Officer - Year 2** \* 3% \* 2%

Current Annual Entry-Level Base Salary \$ 33,649.00 % of base salary

Annual Fringe Benefits: Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

*Social Security	\$ <u>2,087.00</u>	_____	%
*Medicare	\$ <u>488.00</u>	_____	%
Health Insurance	\$ <u>7,510.00</u>	_____	%
Life Insurance	\$ <u>Included .00</u> in Health	_____	%
Vacation	\$ _____	_____	%
Sick Leave	\$ _____	_____	%
Retirement	\$ <u>2,356.00</u>	_____	%
*Worker's Comp.	\$ <u>438.00</u>	_____	%
*Unemployment Ins.	\$ <u>44.00</u>	_____	%
Other _____	\$ _____	_____	%
Other _____	\$ _____	_____	%

Total Fringe Benefits \$ 12,923.00

Total Year 2 Salary and Benefits \$ 46,572.00

**3. Cost Per Full-Time Officer - Year 3** \* 3% \* 2%

Current Annual Entry-Level Base Salary \$ 35,352.00 % of base salary

Annual Fringe Benefits: Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

*Social Security	\$ <u>2,192.00</u>	_____	%
*Medicare	\$ <u>513.00</u>	_____	%
Health Insurance	\$ <u>8,637.00</u>	_____	%
Life Insurance	\$ <u>Included .00</u> in Health	_____	%
Vacation	\$ _____	_____	%
Sick Leave	\$ _____	_____	%
Retirement	\$ <u>2,475.00</u>	_____	%
*Worker's Comp.	\$ <u>461.00</u>	_____	%
*Unemployment Ins.	\$ <u>46.00</u>	_____	%
Other _____	\$ _____	_____	%
Other _____	\$ _____	_____	%

Total Fringe Benefits \$ 14,324.00

Total Year 3 Salary and Benefits \$ 49,676.00

Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage:  Yes  No 15% Increase  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary: # of hours annually: 96  
 Sick leave costs, if not included in base salary: # of hours annually: 96  
 Contribution to retirement benefits. PERS 7% \*  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.  
 Year 2 base salary plus Year 2 fringe benefits.  
 Hourly rate 16.18  
 PERS w/ 2.89% Increase = 3,328

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.  
 Cost for Social Security may not exceed 6.2%. If exempt check here   
 Cost for Medicare may not exceed 1.45%. If exempt check here   
 Costs toward health insurance coverage; please indicate if this is for Family Coverage:  Yes  No 15% Increase  
 Costs toward life insurance coverage.  
 Vacation costs, if not included in base salary: # of hours annually: 112  
 Sick leave costs, if not included in base salary: # of hours annually: 96  
 Contribution to retirement benefits. PERS 7%  
 Costs of worker's compensation. (See Part III, Question 4)  
 Costs of unemployment insurance. (See Part III, Question 4)  
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

19 \*Hourly rate 17.00  
 PERS w/ 2.89% = 3,497

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application Construction Preapplication Construction Non-Construction	2. DATE SUBMITTED	Application Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICATION INFORMATION

Legal Name <b>The Regents of the University of California</b>	Organizational Unit
Address (give city, county, state, and zip code) <b>University of California, Riverside Office of Research Affairs 200 University Office Building Riverside, CA 92521</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Administrative Contact: Linda L. Bryant (909) 787-5535</b> <b>Technical Contact: Matthew Barth (909) 781-5782</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
9 5 - 6 0 0 6 1 4 2

7. TYPE OF APPLICANT: (enter appropriate letter in box)  I  
 A. State H. Independent School Dist.  
 B. County I. State Controlled Institution of Higher Learning  
 C. Municipal J. Private University  
 D. Township K. Indian Tribe  
 E. Interstate L. Individual  
 F. Intermunicipal M. Profit Organization  
 G. Special District N. Other (Specify): \_\_\_\_\_

8. TYPE OF APPLICATION:  
 New  X Continuation  Revision   
 If Revision, enter appropriate letter(s) in box(es)    
 A. Increase Award B. Decrease Award C. Increase Duration  
 D. Decrease Duration Other (specify): \_\_\_\_\_

9. NAME OF FEDERAL AGENCY:  
Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 0 6 0 6  
 TITLE: **Surveys, Studies, Investigations and Special Purpose Grants**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
**Expansion and Enhancement of the Comprehensive Modal Emissions Model for Light-Duty Vehicles**

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

13. PROPOSED PROJECT: Start Date 1 Oct 2002, Ending Date 30 Sept 2003

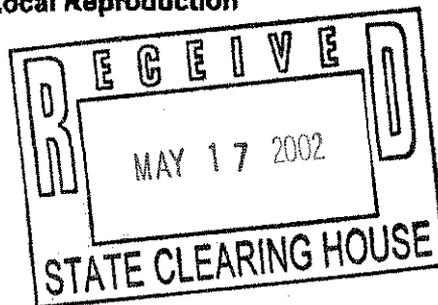
14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant CA 43, b. Project CA 42, 43

15. ESTIMATED FUNDING:		18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$100,000	
b. Applicant	\$0	
c. State	\$0	
d. Local	\$0	
e. Other	\$0	
f. Program Income	\$0	
g. TOTAL \$100,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes <input type="checkbox"/> If "Yes," attach an explanation. No <input checked="" type="checkbox"/>

19. 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 <b>Linda L. Bryant</b>	b. Title Principal Contract and Grant Analyst	c. Telephone number <b>(909) 787-5535</b>
d. Signature of Authorized Representative <i>Linda L. Bryant</i>		e. Date Signed <b>5/17/02</b>

Authorized for Local Reproduction



OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>2. Data Submitted (mm/dd/yyyy)</b> 5-17-02	<b>Applicant Identifier</b>
<b>3. Date Received by State (mm/dd/yyyy)</b>	<b>State Applicant Identifier</b>
<b>4. Date Received by Federal Agency (mm/dd/yyyy)</b>	<b>Federal Identifier</b>

**1. Type of Submission**  
*Application*

*Preapplication*

Construction       Construction

Non-Construction       Non-Construction

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> ELK GROVE UNIFIED SCHOOL DISTRICT POLICE SERVICES	<b>Organizational Unit:</b> ELK GROVE UNIFIED SCHOOL DISTRICT
<b>Address (give city, county, state, and zip code):</b> 8431 GERBER ROAD SACRAMENTO, CA 95828	<b>Name and telephone number of the person to be contacted on matters involving this application (give area code):</b> TOM JENKINS 916-686-7788

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

9	4	-	6	0	0	2	5	0	1
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**8. TYPE OF APPLICATION:**

New       Continuation       Revision

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

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

D. Decrease Duration      Other (specify):

**7. TYPE OF APPLICANT:** H

(Enter appropriate letter in box)

A. State	I. State Controlled Institution of Higher Learning
B. County	J. Private University
C. Municipal	K. Indian Tribe
D. Township	L. Individual
E. Interstate	M. Profit Organization
F. Intra-municipal	N. Nonprofit
G. Special District	O. Public Housing Agency
H. Independent School Dist.	P. Other (Specify)

**9. NAME OF FEDERAL AGENCY:**  
U.S. DEPARTMENT OF JUSTICE  
COMMUNITY ORIENTED POLICING PROGRAM (COPS)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)**

1	6	.	7	1	0
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TITLE: COPS IN SCHOOLS 2002

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Elk Grove Unified School District  
Cops in Schools Program

**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**  
ELK GROVE UNIFIED SCHOOL DISTRICT

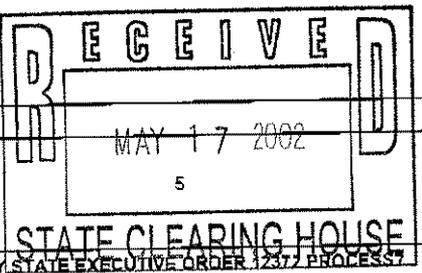
**13. PROPOSED PROJECT:**

<b>Start Date (mm/dd/yyyy)</b> 07/01/2002	<b>Ending Date (mm/dd/yyyy)</b> 06/30/2003
--	---

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant: 5

b. Project: 5



**15. ESTIMATED FUNDING:**

\$625,000 - Federal Amount  
\$193,000 - Matching Funds

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE (mm/dd/yyyy) 05/17/2002

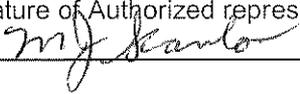
b. NO.  PROGRAM IS NOT COVERED BY E.O. 12372  
OR  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**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.**

<b>p. Typed Name of Authorized Representative</b> DAVID W. GORDON	<b>b. Title</b> SUPERINTENDENT	<b>c. Telephone number (include Area Code)</b> 916-686-7700
<b>d. Signature of Authorized Representative</b> <i>David W. Gordon</i>		<b>e. Date Signed (mm/dd/yyyy)</b> 5-17-2002

**Application for Federal Assistance**

		2. Date Submitted <b>26-Apr-02</b>	3. Applicant Identifier
1. Type of Submission Application Application      Preapplication		3. Date received State	State Application Identifier
<input checked="" type="checkbox"/> Constuction	<input type="checkbox"/> Construction	4. Date received by Federal Agency:	Federal Identifier
<input checked="" type="checkbox"/> Non-Constuction	<input type="checkbox"/> Non-Construction		
5. Applicant Information			
6. Legal Name: <b>Peninsula Corridor Joint Powers Board</b>			
Address (give city, county, state, and zip) <b>1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070</b>		Name and telephone of contact person (give area code) <b>Joel Slavitt, (650) 508-6476</b>	
6. Employer Identification Number (EIN): <b>9 4 3152903</b>		7. Type of Applicant (enter appropriate letter in box) <b>G</b>	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award    B. Decreased Award C. Increase Award    D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: <b>20507 Section 5307 Program</b>		9. Name of federal Agency: <b>Federal Transit Administration</b>	
12. Areas affected by project: <b>San Francisco, San Mateo &amp; Santa Clara Counties</b>		11. Descriptive title of applicant project <b>FY 2001/02 Capital Improvements: Track, Station &amp; Signal Rehab, CTC/ATCS/Track &amp; Signal Upgrade, Systemwide Track Rehab, Track Crossovers, Replacement of Grade Crossing Warning Predictors, N/S Terminal Track Upgrades, ADA Improvements @ Various Stns, Passenger Car Rehab, Diridon Stn Track/Signal/Terminal Upgrade, Maintenance Facility, Santa Clara Improvements for ACE</b>	
13. Proposed Project Start Date: <b>11/30/99</b> End Date: <b>6/30/05</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>DECLARED</b>  <b>APR 17 2002</b>  <b>STATE CLEARING HOUSE</b> </div>	
15. Estimated Funding			
a. Federal	<b>\$52,395,246</b>	14. Congressional Districts of: a. Applicant <b>8,12,13,14,15 &amp; 16</b>	
b. Applicant		B. Project <b>8,12,13,14,15 &amp; 16</b>	
c. State	<b>\$2,836,991</b>	16. Is application subject to review by state executive 12372 process? <b>Yes</b> a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: <b>5/7/02</b> b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
d. Local	<b>\$5,404,643</b>		
f. Program Income			
e. Other			
g. TOTAL	<b>\$60,636,880</b>		
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> 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 assistance is awarded.			
a. Typed Name of Authorized Representative <b>Michael J. Scanlon</b>		b. Title <b>Executive Director/CEO</b>	c. Telephone Number: <b>(650) 508-6221</b>
d. Signature of Authorized representative 		e. Date Signed <b>5/9/02</b>	



## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

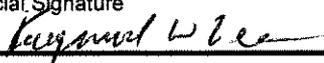
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	998,142	10,000						1,008,142
<b>Grand Totals</b>								

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature 		Name (printed) Raymond W. Gee	
Title Executive Director - HUD Housing		Date (mm/dd/yyyy) 5/16/02	

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

Application

Preapplication

2. Date Submitted 16-May-02	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Eskaton Properties, Inc.	8. Organizational Unit
---	------------------------

9. Address (give city, county, State, and zip code) A. Address: 5105 Manzanita Avenue B. City: Carmichael C. County: Sacramento D. State: CA E. Zip Code: 95608	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Raymond W. Gee B. Title: Executive Director - HUD Housing C. Phone: 916/334-0810, Ext. 238 D. Fax: 916/338-1248 E. E-mail:
--	---

11. Employer Identification Number (EIN) or SSN 94 - 1906316	12. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> N
---	---

13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	A. State I. University or College B. County J. Indian Tribe C. Municipal K. TDHE D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)
---	--

14. Name of Federal Agency U.S. Department of Housing and Urban Development
--

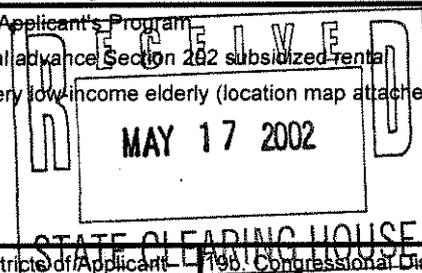
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title:	16. Descriptive Title of Applicant's Program Construction of a capital advance Section 202 subsidized rental apartment project for very low income elderly (location map attached).
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17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.)	18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant 3rd Congressional District - Doug Ose	19b. Congressional Districts of Program Program Cong. Dist. - Robert Matsui
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20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ 5/15/02 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.
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22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.
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## Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

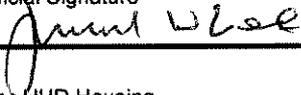
Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	5,634,521	25,000						5,659,521
<b>Grand Totals</b>								

\* For FHIPs, show both initiative and component

## Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature 	Name (printed) Raymond W. Gee
Title Executive Director - HUD Housing	Date (mm/dd/yyyy) 5/16/02



**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> <i>Application</i> Construction <input type="checkbox"/> <i>Pre-application</i> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>May 8, 2002</b>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>F-105-B Amendment #1</b>
5. APPLICANT INFORMATION Legal Name: <b>STATE OF CALIFORNIA</b> Address (give city, county, state and zip code): <b>Dept. of Fish &amp; Game - Fisheries Programs Branch</b> <b>1812 Ninth Street</b> <b>Sacramento, CA 95814</b>		Organizational Unit: <b>Department of Fish and Game</b> Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Carolyn Murata (916) 445-3558</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>		7. TYPE OF APPLICANT: (enter appropriate letter, <u>A</u> ): A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: <b>U.S. Department of the Interior</b> <b>U.S. Fish and Wildlife Service</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>15-605</b> TITLE: <b>Sport Fish Restoration Act</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Amendment #1 - Motorboat Access Enhancement Project for Lake Oroville Spillway Area Boating Facility.</b> Time extension only. No changes in funding.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>Butte County</b>		14. CONGRESSIONAL DISTRICTS OF APPLICANT: <b>3</b>	
13. PROPOSED PROJECT: Start Date: <b>3/29/2001</b> Ending Date: <b>12/31/2002</b>		15. ESTIMATED FUNDING: a. Federal: <b>\$1,844,325.00</b> b. Applicant: c. State: <b>\$614,775.00</b> d. Local: e. Other: f. Program Income: g. TOTAL: <b>\$2,459,100.00</b>	
		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: <u>May 15, 2002</u> b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? Yes: _____ If "Yes", attach an explanation No: <u>X</u>	
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 <b>Michael F. Harris</b>		b. Title: <b>Deputy Director, Admin.</b>	a. Telephone Number <b>(916) 653-4633</b>
d. Signature of Authorized Representative <i>Michael F. Harris</i>		e. Date Signed <b>5/9/02</b>	
Approved for the Secretary of the Interior		Title:	Date:
Signature			

RECEIVED  
MAY 16 2002  
STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 10, 2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Grant School District Police Department		Organizational Unit:	
Address (give city, county, State, and zip code): 1333 Grand Avenue Sacramento, Ca. 95838		Name and telephone number of person to be contacted on matters involving this application (give area code): Ronald Cummings (916) 286-4981	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 6002512		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. <input checked="" type="checkbox"/> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
<b>8. TYPE OF APPLICATION:</b> <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): _____		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Justice	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: COPS IN SCHOOLS    16 - 710		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> School Resource Officers <div style="border: 2px solid black; padding: 5px; text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">                     RECEIVED                      MAY 16 2002                 </div>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Sacramento City, Scramento County		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">                     STATE CLEARING HOUSE                 </div>	
<b>13. PROPOSED PROJECT</b> Cops In Schools	<b>14. CONGRESSIONAL DISTRICTS OF:</b> 3		
Start Date: _____ Ending Date: _____	a. Applicant Grant School District Police Department	b. Project School Resource Officers	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 120,032.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 6,316.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 126,348.00		
<b>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.</b>			
a. Type Name of Authorized Representative Jeffrey H. Solomon		b. Title Chief	c. Telephone Number (916) 286-4873
d. Signature of Authorized Representative 		e. Date Signed May, 10, 2002	