

# Federal Grant Applications

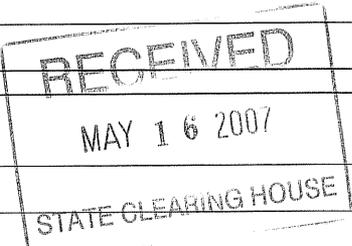
The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> APRIL 13, 2007	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: TRINITY COUNTY, CALIFORNIA		<b>Organizational Unit:</b> Department: BUILDING AND DEVELOPMENT SERVICES	
Organizational DUNS: 145381427		Division: AIRPORTS	
<b>Address:</b> Street: 60 GLEN ROAD		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: WEAVERVILLE		Prefix: MR.	First Name: BILL
County: TRINITY		Middle Name	
State: CALIFORNIA	Zip Code 96093	Last Name CHAMBERS	
Country: USA		Suffix:	
		Email: bchamb3167@aol.com	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000544	Phone Number (give area code) (530) 623-1354	Fax Number (give area code) (530) 623-1353
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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) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. COUNTY Other (specify)
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106	<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration
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<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> RUTH AIRPORT, RUTH, TRINITY COUNTY, CALIFORNIA REHABILITATION OF AIRCRAFT PARKING APRON - PHASE 2 CONSTRUCTION OF 5-BARB WIRE PROPERTY FENCE
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> TOWN OF RUTH, TRINITY COUNTY, CALIFORNIA
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<b>13. PROPOSED PROJECT</b> Start Date: 2007 Ending Date: 2007	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2nd b. Project 2nd
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 270,011.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: APRIL 18, 2007
b. Applicant \$ 7,461.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 6,750.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 284,222.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix MR.	First Name WYATT	Middle Name
Last Name PAXTON		Suffix
<b>b. Title</b> DIRECTOR, BUILDING AND DEVELOPMENT SERVICES		<b>c. Telephone Number (give area code)</b> (530) 623-1354
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5-8-07

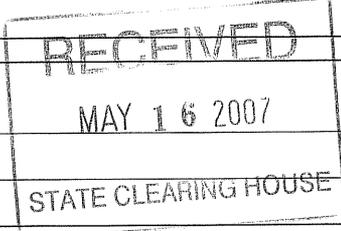
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> APRIL 13, 2007	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: TRINITY COUNTY, CALIFORNIA	<b>Organizational Unit:</b> Department: BUILDING AND DEVELOPMENT SERVICES
Organizational DUNS: 145381427	Division: AIRPORTS
<b>Address:</b> Street: 60 GLEN ROAD	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: MR. First Name: BILL
City: WEAVERVILLE	Middle Name:
County: TRINITY	Last Name: CHAMBERS
State: CALIFORNIA Zip Code: 96093	Suffix:
Country: USA	Email: bchamb3167@aol.com
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000544	Phone Number (give area code): (530) 623-1354 Fax Number (give area code): (530) 623-1353



<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) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. COUNTY Other (specify)
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM 20-106	<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> TOWN OF WEAVERVILLE, TRINITY COUNTY, CALIFORNIA	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> WEAVERVILLE LONNIE POOL AIRPORT, WEAVERVILLE, TRINITY COUNTY, CALIFORNIA CONSTRUCT 8-FOOT CHAIN LINK FENCE - PHASE 2 SLURRY SEAL AIRFIELD PAVEMENTS (44,000 SQ. YD.) - PHASE 2

<b>13. PROPOSED PROJECT</b> Start Date: 2007 Ending Date: 2007	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2nd b. Project 2nd
<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>

a. Federal	\$	310,610 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: APRIL 18, 2007 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	\$	8,583 <sup>00</sup>	
c. State	\$	7,765 <sup>00</sup>	
d. Local	\$	<sup>00</sup>	
e. Other	\$	<sup>00</sup>	
f. Program Income	\$	<sup>00</sup>	
g. TOTAL	\$	326,958 <sup>00</sup>	

**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>a. Authorized Representative</b>		
Prefix: MR.	First Name: WYATT	Middle Name:
Last Name: PAXTON		Suffix:
b. Title: DIRECTOR, BUILDING AND DEVELOPMENT SERVICES		c. Telephone Number (give area code): (530) 623-1354
d. Signature of Authorized Representative: <i>Walter Paxton</i>		e. Date Signed: 5-11-07

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> APRIL 13, 2007	Applicant Identifier
<input checked="" type="checkbox"/> <b>Construction</b>	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> <b>Non-Construction</b>			

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: TRINITY COUNTY, CALIFORNIA		Department: BUILDING AND DEVELOPMENT SERVICES	
Organizational DUNS: 145381427		Division: AIRPORTS	
Address: Street: 60 GLEN ROAD		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: WEAVERVILLE		Prefix: MR.	First Name: BILL
County: TRINITY		Middle Name	
State: CALIFORNIA	Zip Code 96093	Last Name CHAMBERS	
Country: USA		Suffix:	
		Email: bchamb3167@aol.com	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000544	Phone Number (give area code) (530) 623-1354	Fax Number (give area code) (530) 623-1353
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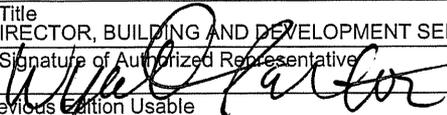
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. COUNTY Other (specify)
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM 20-106	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> HAYFORK AIRPORT, HAYFORK, TRINITY COUNTY, CALIFORNIA RUNWAY EDGE LIGHT REHABILITATION - PHASE 2 CONSTRUCT 8-FOOT CHAIN LINK FENCE - PHASE 2
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> TOWN OF HAYFORK, TRINITY COUNTY, CALIFORNIA	

<b>13. PROPOSED PROJECT</b> Start Date: 2007	Ending Date: 2007	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2nd	b. Project 2nd
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 404,795.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: APRIL 18, 2007
b. Applicant \$ 11,185.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 10,120.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	
e. Other \$ .00	
f. Program Income \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
g. TOTAL \$ 426,100.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

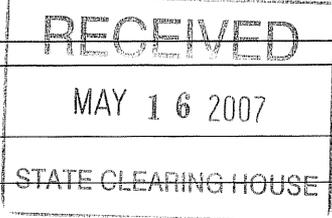
<b>a. Authorized Representative</b>		
Prefix MR.	First Name WYATT	Middle Name
Last Name PAXTON		Suffix
b. Title DIRECTOR, BUILDING AND DEVELOPMENT SERVICES		c. Telephone Number (give area code) (530) 623-1354
d. Signature of Authorized Representative 		e. Date Signed 5-11-07

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED APRIL 13, 2007	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: TRINITY COUNTY, CALIFORNIA	Organizational Unit: Department: BUILDING AND DEVELOPMENT SERVICES
Organizational DUNS: 145381427	Division: AIRPORTS
Address: Street: 60 GLEN ROAD	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: BILL
City: WEAVERVILLE	Last Name CHAMBERS
County: TRINITY	Suffix:
State: CALIFORNIA Zip Code 96093	Email: bchamb3167@aol.com
Country: USA	Phone Number (give area code) (530) 623-1354 Fax Number (give area code) (530) 623-1353



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000544	7. TYPE OF APPLICANT: (See back of form for Application Types) B. COUNTY 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) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TRINITY CENTER AIRPORT, TRINITY CENTER, TRINITY COUNTY, CALIFORNIA CONSTRUCT 6-FOOT CHAIN LINK FENCE (11,000 LN. FT.) SLURRY SEAL AIRFIELD PAVEMENTS (37,000 SQ. YD.) OBSTRUCTION STUDY
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TOWN OF TRINITY CENTER, TRINITY COUNTY, CALIFORNIA	

13. PROPOSED PROJECT Start Date: 2007 Ending Date: 2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 515,573.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: APRIL 30, 2007
b. Applicant \$ 14,246.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 12,889.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ .00	
f. Program Income \$ .00	
g. TOTAL \$ 542,708.00	

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

a. Authorized Representative		
Prefix MR.	First Name WYATT	Middle Name
Last Name PAXTON		Suffix
b. Title DIRECTOR, BUILDING AND DEVELOPMENT SERVICES		c. Telephone Number (give area code) (530) 623-1354
d. Signature of Authorized Representative		e. Date Signed 5-11-07

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. Type of Submission:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input type="checkbox"/>		<b>2. Date Submitted</b> _____	Applicant Identifier Tracking # 07-307														
<b>5. Applicant Information:</b> Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		<b>3. Date Rec'd by State</b> _____	State Application Identifier _____														
<b>6. Employer Identification Number (EIN):</b> 68--0281986 <b>6. D U N S Number:</b> 808321913		<b>4. Date Rec'd by Federal</b> _____	Federal Identifier _____														
<b>8. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Steve Fagundes 916-341-5487															
<b>10. Catalog of Federal Domestic Assistance Number</b> 66.460 <b>Title:</b> Nonpoint Source Implementation Grants		<b>7. Type of Applicant: (enter appropriate letter)</b> <u>  A  </u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)															
<b>12. Area Affected by Project:</b> (cities, counties, states, etc.) California		<b>9. Name of Federal Agency:</b> U. S. Environmental Protection Agency															
<b>13. Proposed Project:</b> <table border="1"> <tr> <td>Start Date</td> <td>End Date</td> </tr> <tr> <td>7/1/2007</td> <td>6/30/2012</td> </tr> </table>		Start Date	End Date	7/1/2007	6/30/2012	<b>11. Descriptive Title of Applicant's Project:</b> Implement and coordinate activities and projects under the Clean Water Act, Section 319(h) for funding nonpoint source management projects.											
Start Date	End Date																
7/1/2007	6/30/2012																
<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>\$10,271,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$0</td> </tr> <tr> <td>c. State</td> <td>\$6,847,333</td> </tr> <tr> <td>d. Local</td> <td>\$0</td> </tr> <tr> <td>e. Other</td> <td>\$0</td> </tr> <tr> <td>f. Program Income</td> <td>\$0</td> </tr> <tr> <td><b>g. TOTAL</b></td> <td><b>\$17,118,333</b></td> </tr> </table>		a. Federal	\$10,271,000	b. Applicant	\$0	c. State	\$6,847,333	d. Local	\$0	e. Other	\$0	f. Program Income	\$0	<b>g. TOTAL</b>	<b>\$17,118,333</b>	<b>14. Congressional District of:</b> Applicant: _____ Project: California - All 3	
a. Federal	\$10,271,000																
b. Applicant	\$0																
c. State	\$6,847,333																
d. Local	\$0																
e. Other	\$0																
f. Program Income	\$0																
<b>g. TOTAL</b>	<b>\$17,118,333</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 BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>16. Is the application subject to review by the State Executive Order (EO) 12372 process?</b> a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: May 17, 2007 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.															
<b>17. Is the applicant delinquent on any Federal debt?</b> _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO		<b>19. Name of Federal Agency:</b> U. S. Environmental Protection Agency															
<b>a. Typed Name of Authorized Representative</b> Dorothy Rice		<b>b. Title:</b> Executive Director	<b>c. Telephone Number</b> (916) 341-5615														
<b>d. Signature of Authorized Representative</b> _____		<b>e. Date Signed:</b> _____															

RECEIVED

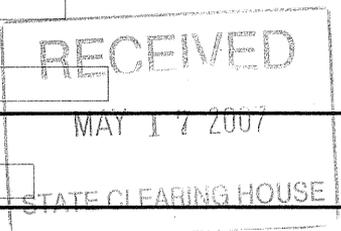
MAY 17 2007

COURT CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____			
<b>5a. Federal Entity Identifier:</b> _____			<b>* 5b. Federal Award Identifier:</b> _____		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> SUN VALLEY CARE DEVELOPMENT, INC.					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-3945026			<b>* c. Organizational DUNS:</b> _____		
<b>d. Address:</b>					
<b>* Street1:</b> 9000 SUNLAND BLVD.					
<b>Street2:</b> _____					
<b>* City:</b> SUN VALLEY					
<b>County:</b> LOS ANGELES					
<b>* State:</b> CALIFORNIA					
<b>Province:</b> _____					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 91352-2049					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> n/a			<b>Division Name:</b> n/a		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> _____		<b>* First Name:</b> ROBERT			
<b>Middle Name:</b> D.					
<b>* Last Name:</b> NYDAM					
<b>Suffix:</b> _____					
<b>Title:</b> Acting Executive Director					
<b>Organizational Affiliation:</b> _____					
<b>* Telephone Number:</b> (818) 504-6154			<b>Fax Number:</b> (818) 504-6156		
<b>* Email:</b> nydams@earthlink.net					



**Application for Federal Assistance SF-424**

Version 02

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

M - non-profit 501(c)3 foundation

Type of Applicant 2: Select Applicant Type:

N - non-profit 501(c)3 foundation

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

NGMS Agency

**11. Catalog of Federal Domestic Assistance Number:**

11-300

CFDA Title:

Public Works and Economic Development Program

**\* 12. Funding Opportunity Number:**

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

**13. Competition Identification Number:**

Title:

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

Sun Valley/City of Los Angeles/Los Angeles County/California

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

Development and construction of: HEALTH-CARE JOB TRAINING, DEVELOPMENT  
and PLACEMENT CENTER

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant  HOWARD L. BERMAN

\* b. Program/Project  HOWARD L. BERMAN

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="2,820,000"/>
* b. Applicant	<input type="text" value="4,500,000"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="7,320,000"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

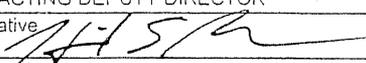
**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

NONE

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 3, 2006	Applicant Identifier V-00940411-0
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: DEPARTMENT OF TOXIC SUBSTANCES CONTROL		Organizational Unit: Department: SITE MITIGATION PROGRAM	
Organizational DUNS:		Division:	
Address: Street: 1001 I STREET, FLOOR 11-4, PO BOX 806		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix:	First Name: JESSIE
County: SACRAMENTO		Middle Name:	
State: CALIFORNIA	Zip Code: 95812-0806	Last Name: UGALDE	
Country: UNITED STATES		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0281381		Email: JUGALDE@DTSC.CA.GOV	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. STATE Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CERCLA		9. NAME OF FEDERAL AGENCY: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SUPERFUND MULTI-SITE MANAGEMENT ASSISTANCE TO PROVIDE OVERSIGHT OF FEDERAL NATIONAL PRIORITY LIST SITES	
13. PROPOSED PROJECT Start Date: 7/1/2007 Ending Date: 6/30/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant DISTRICTS 3 & 4 CALIFORNIA b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 600,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/10/2007	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 600,000.00	a. Authorized Representative	
		Prefix	
		First Name HAMID	
		Middle Name	
		Last Name SAEBFAR	
		Suffix	
		b. Title ACTING DEPUTY DIRECTOR	
		c. Telephone Number (give area code) (916) 323-3556 (818) 551-2876	
		d. Signature of Authorized Representative 	
		e. Date Signed 5/10/07	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 06-01638
<b>5. APPLICANT INFORMATION</b>			
Legal Name: California - Department of Parks and Recreation		<b>Organizational Unit:</b> Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
<b>Address:</b> Street: PO Box 942896		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
<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) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, National Park Service	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-916		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Auburn SRA - Pointed Rocks Acquisition Department of Parks and Recreation Acquisition and Real Property Services Division One Capitol Mall, Suite 500 Sacramento, CA 98514	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 03 b. Project 4	
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date: 06/30/2011		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. ESTIMATED FUNDING:</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	\$	480,000.00	
b. Applicant	\$	1,524,000.00	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	2,004,000.00	
<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>			
<b>a. Authorized Representative</b>		Middle Name	
Prefix Ms.	First Name Betty	Suffix	
Last Name Ettinger		c. Telephone Number (give area code) (916) 653-7423	
b. Title Assistant Chief		e. Date Signed	
d. Signature of Authorized Representative			

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	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. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
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. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

State of California  
Department of Parks and Recreation  
NOTICE OF EXEMPTION

CEQA ID#7003

TO: Office of Planning and Research  
1400 Tenth Street  
Sacramento, CA 95814

FROM: Department of Parks and Recreation  
1418 Ninth Street  
P.O. Box 942896  
Sacramento, CA 94296-0001

PROJECT TITLE: Pointed Rocks Property Acquisition, Auburn State Recreation Area

LOCATION: Immediately West of Highway 49 and North of the Town of Cool COUNTY: El Dorado

DESCRIPTION OF THE NATURE AND PURPOSE OF PROJECT:  
Acquire fee title to the 377-acre Pointed Rocks property which is contiguous to Auburn State Recreation. The property is currently undeveloped and primarily in a natural condition. The purpose of the acquisition is to preserve and protect the natural resources on the property, which includes blue oak woodlands, and to ensure continued public access to the Western States Trail which crosses the property. The property would be managed as part of the Auburn SRA.

PUBLIC AGENCY APPROVING THE PROJECT: California Department of Parks and Recreation

NAME OF DIVISION OR DISTRICT CARRYING OUT THE PROJECT: Gold Fields District

EXEMPT STATUS:  Categorical Exemption Class: 16 Section: 15316

REASONS WHY PROJECT IS EXEMPT:

Project consists of the acquisition of property adjacent to an existing State Park unit and is included as "acquisition of contiguous properties" in the Department of Parks and Recreation's list of exempt activities, in accordance with CCR 15300.4.

CONTACT: Jim Micheaels, Gold Fields District, (916) 988-0205, EMAIL: [jmiche@parks.ca.gov](mailto:jmiche@parks.ca.gov)

  
Scott Nakaji, District Superintendent

10/14/05  
Date

**FILED**

OCT 14 2005

WILLIAM E. SCHULTZ, Recorder-Clerk  
By 

## Part 3: Budget

### Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<b>SCOPE</b>			
117-00 OTHER CAPITAL ITEMS (BUS)	14	\$640,019.00	\$800,024.00
<b>ACTIVITY</b>			
11.7C.00 NON FIXED ROUTE ADA PARATRANSIT SERVICE	1	\$110,072.00	\$137,590.00
11.7A.00 PREVENTIVE MAINTENANCE	1	\$249,824.00	\$312,280.00
11.7A.00 PREVENTIVE MAINTENANCE	1	\$60,123.00	\$75,154.00
11.12.40 BUY ASSOC CAP MAINT ITEMS	11	\$220,000.00	\$275,000.00
<b>SCOPE</b>			
111-00 BUS - ROLLING STOCK	8	\$2,662,105.00	\$3,300,721.00
<b>ACTIVITY</b>			
11.12.02 BUY REPLACEMENT 35-FT BUS	2	\$665,526.00	\$824,730.00
11.12.02 BUY REPLACEMENT 35-FT BUS	6	\$1,996,579.00	\$2,475,991.00
<b>Estimated Total Eligible Cost:</b>			<b>\$4,100,745.00</b>
<b>Federal Share:</b>			<b>\$3,302,124.00</b>
<b>Local Share:</b>			<b>\$798,621.00</b>

### OTHER (Scopes and Activities not included in Project Budget Totals)

	Quantity	FTA Amount	Tot. Elig. Cost
<b>SCOPE</b>			
991-00 SECURITY EXPENDITURES	8	\$33,021.00	\$41,276.00
<b>ACTIVITY</b>			
11.12.02 BUY REPLACEMENT 35-FT BUS	8	\$33,021.00	\$41,276.00

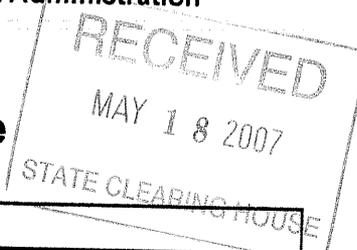
**No Amendment Funding Source information is available for the selected project**

### Alternative Fuel Codes

**DOT****FTA**

U.S. Department of Transportation

Federal Transit Administration

**Application for Federal Assistance**

Recipient ID:	5624
Recipient Name:	WESTERN CONTRA COSTA TRANSIT AUTHORITY
Project ID:	CA-90-Y559
Budget Number:	1 - Budget Pending Approval
Project Information:	8 35' Veh, ADA, Prev. maint., CARB flit

**Part 1: Recipient Information**

Project Number:	CA-90-Y559
Recipient ID:	5624
Recipient Name:	WESTERN CONTRA COSTA TRANSIT AUTHORITY
Address:	601 WALTER AVENUE , PINOLE, CA 94564 0000
Telephone:	(510) 724-3331
Facsimile:	(510) 724-5551

**Union Information**

Recipient ID:	5624
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
Address 1:	9000 Machinists Place
Address 2:	
City:	Upper Marlboro, MD 20772 2687
Contact Name:	Mark Schneider
Telephone:	(301) 967-4500
Facsimile:	
E-mail:	
Website:	

Recipient ID:	5624
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Avenue N.W.
Address 2:	

City:	Washington, DC 20016 4139
Contact Name:	James Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	
Website:	

Recipient ID:	5624
Union Name:	TEAMSTERS LOCAL 315
Address 1:	2727 ALHAMBRA AVENUE
Address 2:	
City:	MARTINEZ, CA 94553
Contact Name:	STEVE GUTIERREZ
Telephone:	(925) -22-8-22
Facsimile:	(925) -22-8-16
E-mail:	
Website:	

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,100,745
Project Number:	CA-90-Y559	Adjustment Amt:	\$0
Project Description:	8 35' Veh, ADA, Prev. maint., CARB flit	Total Eligible Cost:	\$4,100,745
Recipient Type:	Transit Authority	Total FTA Amt:	\$3,302,124
FTA Project Mgr:	Lucinda Eagle	Total State Amt:	\$0
Recipient Contact:	Robin Tawfall	Total Local Amt:	\$798,621
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307-2	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2007 - Jun. 30, 2009	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	May. 15, 2007	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA)	Oct. 02, 2006		

Prm Plan):	
Program Page:	07-00
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

### Urbanized Areas

UZA ID	UZA Name
60060	SAN FRANCISCO--OAKLAND, CA

### Congressional Districts

State ID	District Code	District Official
6	7	George Miller

### Project Details

2 35' revenue vehicles to replace:

Thomas Citiliner 1997 VIN 1T7CL2B29V1148019  
 Thomas Citiliner 1997 VIN 1T7CL2B25V1148020

6 35' Revenue Vehicles to replace:

35" Gillig Phantoms 1988 with the following VIN numbers

15GCB0911H1081575  
 15GCB091XH1081574  
 15GCB0912H1081570  
 15GCB09141H1081571  
 15GCB0916H1081572  
 15GCB0918H1081573

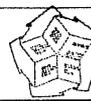
ADA set-aside for operating  
 Preventive Maintenance 10% Flexible surplus funds  
 Preventive Maintenance 10% Flexible Set-aside  
 CARB filter mitigation for 11 buses.

### Earmarks

**No information found.**

### Security

Yes – We will expend 1% or more of the 5307 funds in this grant application for security purposes. Please list security-related projects in the project budget and summarize them in the non-add scope code 991.



116  
#304 4-26-06

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

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

**\* Other (Specify)**

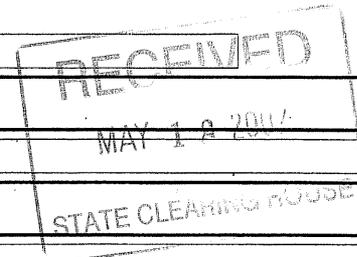
**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

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



**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** California State University, Fresno Foundation

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

94-6003272

**\* c. Organizational DUNS:**

150837003

**d. Address:**

**\* Street1:** 4910 N. Chestnut Avenue

**Street2:**

**\* City:** Fresno

**County:**

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 93726-1852

**e. Organizational Unit:**

**Department Name:**

Craig School of Business

**Division Name:**

UBC

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

**Prefix:**

**\* First Name:** Emil

**Middle Name:**

**\* Last Name:** Milevoj

**Suffix:**

**Title:** Director

**Organizational Affiliation:**

**\* Telephone Number:** (559) 278-2352

**Fax Number:** (559) 278-6904

**\* Email:** emilevoj@csufresno.edu

**Application for Federal Assistance SF-424**

Version 02

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

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

S: Hispanic-serving Institution

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Business and Cooperative Programs

**11. Catalog of Federal Domestic Assistance Number:**

10.773

**CFDA Title:**

Rural Business Opportunity Grants

**\* 12. Funding Opportunity Number:**

RBS-RBOG2007

**\* Title:**

Rural Business Opportunity Grant (RBOG)

**13. Competition Identification Number:**

**Title:**

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

Firebaugh, Fresno, CA

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

Rural Microenterprise Initiative (RMI)

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="50,000.00"/>

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

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

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

Yes  No

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

**\*\* I AGREE**

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

RCH #304 OMB Approval No. 0348-0043 4-26-07

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED <i>March 06, 2007</i>	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: *City of Firebaugh*  
 Address (give city, county, state, and zip code):  
*1575 11th Street  
 Firebaugh, Fresno, Calif. 95602*

Organizational Unit: *Fire Department*  
 Name and telephone number of person to be contacted on matters involving this application (give area code):  
*John G. Borboa, Fire Chief  
 (559) 659-2061*

**6. EMPLOYER IDENTIFICATION (EIN):**  
 94-60000333

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

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

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
 If Revision, enter appropriate letter(s) in \_\_\_\_\_  
 A. Increase Award  B. Decrease Award  
 C. Increase Duration  D. Decrease Duration  Other (specify): \_\_\_\_\_

RECEIVED  
 MAY 18 2007  
 STATE CLEARING HOUSE

**9. NAME OF FEDERAL AGENCY:**  
*U.S. Army*

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 70-0771

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
*Refurbish Fire Engine*

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
*City of Firebaugh & Madras County*

<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
			<i>Project</i>
<b>15. ESTIMATED FUNDING</b>			
a. Federal	\$	<i>27,500</i>	.00
b. Applicant	\$	<i>32,000</i>	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. Total	\$	<i>59,500</i>	.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: 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>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO			

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

a. Type Name of Authorized Representative: *John G. Borboa*  
 b. Title: *Fire Chief*  
 c. Telephone Number: *(559) 659-2061*  
 d. Signature of Authorized Representative: *[Signature]*  
 e. Date Signed: *03/05/07*

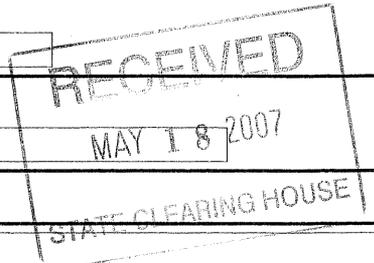
**Application for Federal Assistance SF-424**

Version 02

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: NA	* 5b. Federal Award Identifier: CE 96974801
--------------------------------------	--



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: The Bay Foundation of Morro Bay	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847	* c. Organizational DUNS: 047-662-767

**d. Address:**

* Street1: 601 Embarcadero, Suite 11
Street2: <input type="text"/>
* City: Morro Bay
County: San Luis Obispo County
* State: California
Province: <input type="text"/>
* Country: United States of America
* Zip / Postal Code: 93442

**e. Organizational Unit:**

Department Name: Morro Bay National Estuary Program	Division Name: <input type="text"/>
--	--

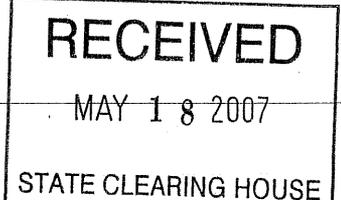
**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr.	* First Name: Daniel
Middle Name: Edward	
* Last Name: Berman	
Suffix: <input type="text"/>	
Title: Program Director	

Organizational Affiliation:  
Morro Bay National Estuary Program / The Bay Foundation of Morro Bay

* Telephone Number: 805-772-3834	Fax Number: 805-772-4162
-------------------------------------	-----------------------------

* Email: dberman@mbnep.org
-------------------------------



**Application for Federal Assistance SF-424**

Version 02

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

M - Non profit 501(c)(3) (not higher education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

US Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66-456

CFDA Title:

National Estuary Program

**\* 12. Funding Opportunity Number:**

Not Applicable

\* Title:

**13. Competition Identification Number:**

NA

Title:

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

San Luis Obispo County, City of Morro Bay, Ca

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

Morro Bay National Estuary Program: CCMP Implementation

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$418,000.00"/>
* b. Applicant	<input type="text" value="\$205,000.00"/>
* c. State	<input type="text" value="\$421,500.00"/>
* d. Local	<input type="text" value="\$20,000.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$1,176,500.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

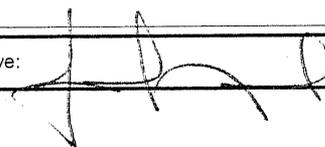
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier DE-FC02-04ER54785 (supplement)	

1. \* TYPE OF SUBMISSION

Pre-application  Application  
 Changed/Corrected Application

5. APPLICANT INFORMATION

\* Legal Name: Regents of the University of California (Los Angeles) \* Organizational DUNS: 092530369

Department: \_\_\_\_\_ Division: \_\_\_\_\_

\* Street1: 10920 Wilshire Blvd Street2: Ste 1200

\* City: Los Angeles County: \_\_\_\_\_ \* State: CA: Californi

Province: \_\_\_\_\_ \* Country: UNITED ST \* ZIP / Postal Code: 90024

Person to be contacted on matters involving this application

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

Ms. Kristin \_\_\_\_\_ Lund \_\_\_\_\_

\* Phone Number: 310-794-0171 Fax Number: \_\_\_\_\_ Email: klund@resadmin.ucla.edu

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

956006143

7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify): \_\_\_\_\_

Small Business Organization Type  
 Women Owned  Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:  New  
 Resubmission  Renewal  Continuation  Revision

If Revision, mark appropriate box(es).

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

9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

\* Is this application being submitted to other agencies? Yes  No

What other Agencies? \_\_\_\_\_

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Cowley Supplemental Request

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

Los Angeles

13. PROPOSED PROJECT:

\* Start Date \* Ending Date

08/01/2007 07/31/2008

14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant b. \* Project

CA 30 CA 30

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Steven \_\_\_\_\_ Cowley \_\_\_\_\_

Position/Title: Professor \* Organization Name: Regents of the University of California (Los Angeles)

Department: Physics and Astronomy Division: \_\_\_\_\_

\* Street1: 430 Portola Plaza Street2: 4-909 PAB

\* City: Los Angeles County: \_\_\_\_\_ \* State: CA: Californi

Province: \_\_\_\_\_ \* Country: UNITED ST \* ZIP / Postal Code: 90095-1547

\* Phone Number: 310-825-1381 Fax Number: \_\_\_\_\_ \* Email: cowley@physics.ucla.edu

RECEIVED  
MAY 18 2007  
STATE CLEARING HOUSE

SF 424 (R&R) APPL ION FOR FEDERAL ASSISTANCE

**16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding	23,302.00
b. * Total Federal & Non-Federal Funds	23,302.00
c. * Estimated Program Income	0.00

**17. \* 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: 05/07/2007

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

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

\* I agree

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

**19. Authorized Representative**

Prefix:  \* First Name: Kristin Middle Name:  \* Last Name: Lund Suffix:

\* Position/Title: Grant Analyst \* Organization: Regents of the University of California (Los Angeles)

Department:  Division:

\* Street1: 10920 Wilshire Blvd Street2: Ste 1200

\* City: Los Angeles County:  \* State: CA: Californi

Province:  \* Country: UNITED ST \* ZIP / Postal Code: 90024

\* Phone Number: 310-794-0171 Fax Number:  \* Email: klund@resadmin.ucla.edu

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

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

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

# Application for Federal Education Assistance (ED 424)

## Applicant Information



U.S. Department of Education

Form Approved  
OMB No. 1890-0017  
Exp. 4/30/2008

1. Name and Address  
 Legal Name: Encourage Tomorrow  
 Address: 1177 E. Shaw, Suite 108  
 City: Fresno State: CA County: Fresno ZIP Code + 4: 93710 - 7810

2. Applicant's D-U-N-S Number: 028253891

3. Applicant's T-I-N: 91-1848251

4. Catalog of Federal Domestic Assistance #: 84184B  
 Title: Office of Safe and Drug Free Schools; Mentoring Programs

5. Project Director: Suzanne Moreno  
 Address: 1177 E. Shaw, Suite 108  
 City: Fresno State: CA ZIP Code + 4: 93710 - 7810  
 Tel. #: 559 233-2880 Fax #: 559 233-2870  
 E-Mail Address: suzanne@encouragetomorrow.org

6. Novice Applicant  Yes  No

7. Is the applicant delinquent on any Federal debt?  Yes  No  
 (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I  
 A State G Public College or University  
 B Local H Private, Non-Profit College or University  
 C Special District I Non-Profit Organization  
 D Indian Tribe J Private, Profit-Making Organization  
 E Individual K Other (Specify):  
 F Independent School District

9. State Application Identifier: Not applicable

## Application Information

10. Type of Submission:  
 -PreApplication -Application  
 Construction  Construction  
 Non-Construction  Non-Construction

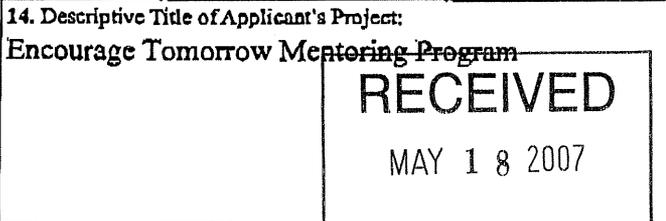
11. Is application subject to review by Executive Order 12372 process?  
 Yes (Date made available to the Executive Order 12372 process for review): 5/18/2007  
 No (If "No," check appropriate box below.)  
 Program is not covered by E.O. 12372.  
 Program has not been selected by State for review.

12. Proposed Project Dates: Start Date: 10/1/2007 End Date: 9/30/2010

13. Are any research activities involving human subjects planned at any time during the proposed project period?  
 Yes (Go to 13a.)  No (Go to item 14.)

13a. Are all the research activities proposed designated to be exempt from the regulations?  
 Yes (Provide Exemption(s) #):  
 No (Provide Assurance #):

14. Descriptive Title of Applicant's Project:  
Encourage Tomorrow Mentoring Program



Estimated Funding		
15a. Federal	\$	200,000 .00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000 .00

### Authorized Representative Information

16. To the best of my knowledge and belief, all data in this preapplication/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. Authorized Representative (Please type or print name clearly.)  
Suzanne Moreno

b. Title  
Chief Executive Officer

c. Tel. #: 559-233-2880 Fax #: 559-233-2870

d. E-Mail Address: suzanne@encouragetomorrow.org

e. Signature of Authorized Representative: Suzanne Moreno Date: 5/18/2007

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: N/A		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: AGBU Generation Next Mentorship Program		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 13-560-0421		*c. Organizational DUNS: 828131045
d. Address:		
*Street 1: <u>2495 East Mountain Street</u>		<b>RECEIVED</b> MAY 18 2007 STATE CLEARING HOUSE
Street 2: _____		
*City: <u>Pasadena</u>		
County: <u>Los Angeles</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>United States of America</u>		
*Zip / Postal Code <u>91104</u>		
e. Organizational Unit:		
Department Name: N/A		Division Name: N/A
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>	*First Name: <u>Ara</u>	
Middle Name: _____		
*Last Name: <u>Arzumanian</u>		
Suffix: _____		
Title: <u>Director</u>		
Organizational Affiliation: N/A		
*Telephone Number: 626-794-7942		Fax Number: 626-794-2622
*Email: <u>ara@agbugennext.org</u>		

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

Application for Federal Assistance SF-424	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify) N/A</p>	
<p><b>*10 Name of Federal Agency:</b> Department of Education</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> 84.184B</p> <p>CFDA Title: Mentoring Programs</p>	
<p><b>*12 Funding Opportunity Number:</b> ED-GRANTS-041107-001</p> <p>*Title: Mentoring Programs CFDA 84.184B</p>	
<p><b>13. Competition Identification Number:</b> N/A</p> <p>Title: N/A</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Glendale, California (Los Angeles County) Glendale Unified School District</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> Mentoring the Next Generation through AGBU Generation Next</p>	

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-29  
students live in the following districts: CA-27, CA-28, CA-33.

\*b. Program/Project: CA-29 and a small minority of the

**17. Proposed Project:**

\*a. Start Date: October 2007

\*b. End Date: September 2010

**18. Estimated Funding (\$):**

*a. Federal	\$169,500.00
*b. Applicant	\$141,021.41
*c. State	N/A
*d. Local	N/A
*e. Other	N/A
*f. Program Income	N/A
*g. TOTAL	\$310,521.41

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on May 18, 2007.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Ara

Middle Name: \_\_\_\_\_

\*Last Name: Arzumanian

Suffix: \_\_\_\_\_

\*Title: Director

\*Telephone Number: 626-794-7942

Fax Number: 626-794-2622

\* Email: ara@agbugennext.org

\*Signature of Authorized Representative: 

\*Date Signed: May 18, 2007

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
* 1. Type of Submission: Preapplication <input checked="" type="checkbox"/> Application Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New Continuation Revision	* If Revision, select appropriate letter(s):  * Other (Specify)
* 3. Date Received: <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Be A Mentor, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 943185840	* c. Organizational DUNS: 883828022	
<b>d. Address:</b>		
* Street1: 4588 Peralla Blvd., Suite 17	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>RECEIVED</b></p> <p>MAY 21 2007</p> <p>STATE CLEARING HOUSE</p> </div>	
Street2:		
* City: Fremont		
County: Alameda		
* State: CA: California		
Province:		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94536		
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	* First Name: Robert	
Middle Name:		
* Last Name: Goetsch	Suffix:	
Title: Executive Director		
Organizational Affiliation:		
* Telephone Number: (510) 795-6488	Fax Number: (510) 795-6488	
* Email: goetsch@beamentor.org		

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<p><b>9. Type of Applicant 1: Select Applicant Type:</b>  M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>* Other (specify):</p>	
<p><b>* 10. Name of Federal Agency:</b>  U.S. Department of Education</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b>  84.184</p> <p>CFDA Title:  Safe and Drug-Free Schools and Communities, National Programs</p>	
<p><b>* 12. Funding Opportunity Number:</b>  ED-GRANTS-041107-001</p> <p>* Title:  Mentoring Programs CFDA 84.184B</p>	
<p><b>13. Competition Identification Number:</b>  84-184B2007-1</p> <p>Title:</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  Hayward, CA in Alameda County</p>	
<p><b>* 15. Descriptive Title of Applicant's Project:</b>  Hayward Schools Mentoring Project</p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p><a href="#">Add Attachments</a>   <a href="#">Delete Attachments</a>   <a href="#">View Attachments</a></p>	

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-013	* b. Program/Project CA-013
Attach an additional list of Program/Project Congressional Districts if needed.		
<a href="#">Add Attachment</a>		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2007	* b. End Date: 09/30/2010
<b>18. Estimated Funding (\$):</b>		
* a. Federal	150,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	150,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/21/2007		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name: Robert
Middle Name:		
* Last Name:	Goetsch	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	(510) 795-6488 x 6172	* Fax Number: (510) 795-6498
* Email:	goetsch@beamentor.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: San Jose State University Research Foundation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6017638	* c. Organizational DUNS: 056820715

**d. Address:**

* Street1:	210 N. 4th Street
Street2:	[ ]
* City:	San Jose
County:	Santa Clara
* State:	CA: California
Province:	[ ]
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95112-5569



**e. Organizational Unit:**

Department Name:	Division Name:
[ ]	[ ]

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

Prefix:	Ms.	* First Name:	Jerri
Middle Name:	[ ]	[ ]	
* Last Name:	Carmo	[ ]	
Suffix:	[ ]	[ ]	
Title:	Deputy Chief Operating Officer		
Organizational Affiliation:	[ ]		
* Telephone Number:	408-924-1429	Fax Number:	408-924-1496
* Email:	osp@foundation.sjsu.edu		

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

**Type of Applicant 3: Select Applicant Type:**

Type of Applicant 3: Select Applicant Type:

**\* Other (specify):**

non-profit auxiliary of SJSU

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

**CFDA Title:**

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

**\* Title:**

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

**Title:**

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

San Jose

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

Mentoring Program

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

\* a. Applicant  \* b. Program/Project

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

**17. Proposed Project:**

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

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="125,142.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="125,142.00"/>

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

<b>Application for Federal Assistance SF-424</b>		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication XX Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application    * If Revision, select appropriate letter(s) XX New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Folsom Cordova Unified School District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-600-2505		*c. Organizational DUNS: 021-982-822
<b>d. Address:</b>		
*Street 1:	<u>125 East Bidwell Street</u>	
Street 2:	_____	
*City:	<u>Folsom</u>	
County:	<u>Sacramento</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>95630</u>	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">MAY 21 2007</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>		
<b>e. Organizational Unit:</b>		
Department Name: Family Support Services		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: <u>Linda</u>	
Middle Name: <u>L.</u>		
*Last Name: <u>Burkholder</u>		
Suffix: _____		
Title:	<u>Director, Family Support Services</u>	
Organizational Affiliation: <u>Folsom Cordova Unified School District</u>		
*Telephone Number: (916) 861-0611		Fax Number: (916) 861-0648
*Email: <u>lburkhol@fcusd.org</u>		

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> G. Independent school district  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Education	
<b>11. Catalog of Federal Domestic Assistance Number:</b> #84.184B  CFDA Title: Mentoring Programs	
<b>*12 Funding Opportunity Number:</b>    <b>*Title:</b>  	
<b>13. Competition Identification Number:</b>    <b>Title:</b>  	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Cities of Rancho Cordova and Folsom in Sacramento County, California	
<b>*15. Descriptive Title of Applicant's Project:</b> Horizons & Beyond Mentoring Program	

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 3	*b. Program/Project: 3	
<b>17. Proposed Project:</b>		
*a. Start Date: October 1, 2007	*b. End Date: September 30, 2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$200,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$200,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
XX a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5-21-2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes      XX No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) XX ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: Mr.	*First Name: Patrick	
Middle Name:		
*Last Name: Godwin		
Suffix:		
*Title: Superintendent		
*Telephone Number: (916) 355-1100	Fax Number: (916) 985-0722	
* Email: pgodwin@fcusd.org		
*Signature of Authorized Representative: 		*Date Signed: May 21, 2007

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> May 3, 2007	Applicant Identifier
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<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: County of Modoc	<b>Organizational Unit:</b> Department: Public Works
Organizational DUNS: 07-611-8678	Division:
<b>Address:</b> Street: 202 W. 4th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Richard
City: Alturas	Middle Name R.
County: Modoc	Last Name Hironymous
State: California Zip Code 96101	Suffix:
Country: USA	Email: rhironymous@modoccounty.us

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 4 - 6 0 0 0 5 2 2

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

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

**9. NAME OF FEDERAL AGENCY:**  
Federal Aviation Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
2 0 - 1 0 6

TITLE (Name of Program):  
Airport Improvement Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Cedarville Municipal Airport, Cedarville, Modoc County, California  
Construct 8-foot Security Fence (14,000 ln. ft.)

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Town of Cedarville, Modoc County, California

**13. PROPOSED PROJECT**  
Start Date: 2007    Ending Date: 2007

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 02    b. Project 02

**15. ESTIMATED FUNDING:**

a. Federal	\$	323,000 <sup>00</sup>
b. Applicant	\$	8,925 <sup>00</sup>
c. State	\$	8,075 <sup>00</sup>
d. Local	\$	0 <sup>00</sup>
e. Other	\$	0 <sup>00</sup>
f. Program Income	\$	0 <sup>00</sup>
g. TOTAL	\$	340,000 <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: May 4, 2007  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Mr.	First Name Mike	Middle Name
Last Name Dunn	Suffix	
b. Title Chairman, Board of Supervisors	c. Telephone Number (give area code) (530) 233-4887	
d. Signature of Authorized Representative <i>Mike Dunn</i>	e. Date Signed 5/15/07	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> May 3, 2007	Applicant Identifier
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<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: County of Modoc	<b>Organizational Unit:</b> Department: Public Works
Organizational DUNS: 07-611-8678	Division:
<b>Address:</b> Street: 202 W. 4th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Richard
City: Alturas	Middle Name R.
County: Modoc	Last Name Hironymous
State: California Zip Code 96101	Suffix:
Country: USA	Email: rhironymous@modoccounty.us

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6000522

Phone Number (give area code) 530-233-6403	Fax Number (give area code) 530-233-3132
---	---

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

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

**9. NAME OF FEDERAL AGENCY:**  
Federal Aviation Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
20-106

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Tulelake Municipal Airport, Modoc County, California  
Construction of 8-foot Security Fence - Phase 1

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Town of Tulelake, Modoc County, California

**13. PROPOSED PROJECT**  
Start Date: 2007 Ending Date: 2007

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 02 b. Project 02

**15. ESTIMATED FUNDING:**

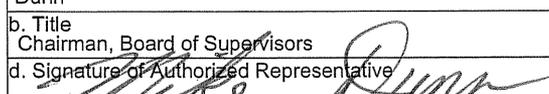
a. Federal	\$	226,927.00
b. Applicant	\$	6,270.00
c. State	\$	5,674.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	238,871.00

**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 4, 2007  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix Mr.	First Name Mike	Middle Name
Last Name Dunn	Suffix	
b. Title Chairman, Board of Supervisors	c. Telephone Number (give area code) (530) 233-4887	
d. Signature of Authorized Representative 	e. Date Signed 5/15/07	

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

Preapplication  
Application  
Changed/Corrected Application

\* 2. Type of Application:

New  
Continuation  
Revision

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

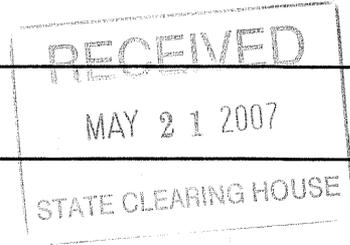
\* Other (Specify)

\* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:



**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: SELF-HELP ENTERPRISES

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

94-1592676

\* c. Organizational DUNS:

056179906

**d. Address:**

\* Street1: 8445 WEST ELOWIN COURT  
Street2: P.O. BOX 6520  
\* City: VISALIA  
County: TULARE COUNTY  
\* State: CALIFORNIA  
Province:  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 93290

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: MR. \* First Name: MARIO

Middle Name:

\* Last Name: OROSCO

Suffix:

Title: ADMINISTRATIVE ANALYST II

Organizational Affiliation:

\* Telephone Number: (559) 651-1000, EXT. 696

Fax Number: (559) 651-3634

\* Email: marioo@selfhelpenterprises.org

**Application for Federal Assistance SF-424**

Version 02

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

M. NONPROFIT

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA RURAL DEVELOPMENT

**11. Catalog of Federal Domestic Assistance Number:**

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

**\* 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2007: HOUSING PRESERVATION GRANTS

\* Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2007

**13. Competition Identification Number:**

Title:

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

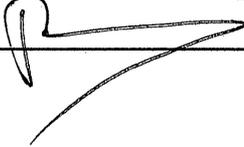
CITIES OF HUGHSON & HURON, CALIFORNIA  
KINGS COUNTY, MADERA COUNTY, MERCED COUNTY & TULARE COUNTY, CALIFORNIA

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

THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS.

Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	21	* b. Program/Project
		18 - 21
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <small>Click here to add an additional attachment.</small>		
<b>17. Proposed Project:</b>		
* a. Start Date:	08/01/07	* b. End Date:
		08/01/08
<b>18. Estimated Funding (\$):</b> 600,000		
* a. Federal	\$110,000.00	
* b. Applicant		
* c. State	\$490,000.00	
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	\$600,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
Yes	<input checked="" type="checkbox"/> No	<small>Explanation</small>
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix:	MR.	* First Name: PETER
Middle Name:	NUGENT	
* Last Name:	CAREY	
Suffix:		
* Title:	PRESIDENT & CEO	
* Telephone Number:	(559) 651-1000, EXT. 600	Fax Number: (559) 651-3634
* Email:	peterc@selfhelpenterprises.org	
* Signature of Authorized Representative:		* Date Signed: MAY 16, 2007

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1890-0017  
Exp. 4/30/2008

## Applicant Information

### 1. Name and Address

Legal Name: Encourage Tomorrow

Address: 1177 E. Shaw, Suite 108

### Organizational Unit

RECEIVED  
MAY 21 2007  
STATE CLEARING HOUSE

Fresno  
City

CA  
State

Fresno  
County

93710 - 7810  
ZIP Code + 4

2. Applicant's D-U-N-S Number 0 2 8 2 5 3 8 9 1

3. Applicant's T-I-N 9 1 - 1 8 4 8 2 5 1

4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B

Title: Office of Safe and Drug Free Schools; Mentoring Programs

5. Project Director: Suzanne Moreno

Address: 1177 E. Shaw, Suite 108

Fresno CA 93710 - 7810  
City State ZIP Code + 4

Tel. #: 559 233-2880 Fax #: 559 233-2870

E-Mail Address: suzanne@encouragetomorrow.org

6. Novice Applicant  Yes  No

7. Is the applicant delinquent on any Federal debt?  Yes  No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Private, Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify):

9. State Application Identifier: Not applicable

## Application Information

### 10. Type of Submission:

—PreApplication

—Application

- Construction
- Non-Construction
- Construction
- Non-Construction

### 11. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 5/18/2007

No (If "No," check appropriate box below.)

- Program is not covered by E.O. 12372.
- Program has not been selected by State for review.

### 13. Are any research activities involving human subjects planned at any time during the proposed project period?

Yes (Go to 13a.)  No (Go to item 14.)

### 13a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #):  
 No (Provide Assurance #):

### 14. Descriptive Title of Applicant's Project:

Encourage Tomorrow Mentoring Program

### 12. Proposed Project Dates:

Start Date: 10/1/2007 End Date: 9/30/2010

## Estimated Funding

15a. Federal	\$	200,000 .00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	200,000 .00

## Authorized Representative Information

16. To the best of my knowledge and belief, all data in this preapplication/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. Authorized Representative (Please type or print name clearly.)

Suzanne Moreno

b. Title

Chief Executive Officer

c. Tel. #: 559-233-2880

Fax #: 559-233-2870

d. E-Mail Address: suzanne@encouragetomorrow.org

Suzanne Moreno  
e. Signature of Authorized Representative

Date: 5/18/2007

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/17/2007	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<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: Access Services, Inc. PO Box 71684, L.A.		<b>Organizational Unit:</b> Department:	
Organizational DUNS: 883300121		Division:	
<b>Address:</b> Street: PO Box 71684		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Los Angeles, CA		Prefix:	First Name: Matthew
County: Los Angeles		Middle Name	
State: CA		Last Name Avancena	
Zip Code 90071	Suffix:		
Country: USA		Email: avancena@asila.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-4489711		Phone Number (give area code) 213.270.6000	Fax Number (give area code) 213.270.6048
<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) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 5310		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Los Angeles County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 1) Transportation Services Including eligibility, customer services and purchased transportation; 2) Vehicle Replacement	
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/2007 Ending Date: 6/30/2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21-47 b. Project 21-47	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 51,800,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 6,711,239	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 58,511,239		
<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>			
<b>a. Authorized Representative</b>			
Prefix	First Name MATTHEW	Middle Name	
Last Name AVANCENA		Suffix	
b. Title STRATEGIC PLANNER	c. Telephone Number (give area code) 213.270.6000		
d. Signature of Authorized Representative <i>Matthew Avancena</i>	e. Date Signed 5/17/07		

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**RECEIVED**  
  
 MAY 21 2007  
  
 STATE CLEARING HOUSE

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <b>*1. Type of Submission:</b>  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application             </td> <td style="width:33%; vertical-align: top;"> <b>*2. Type of Application</b> * If Revision, select appropriate letter(s)  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision             </td> <td style="width:33%; vertical-align: top;">                 *Other (Specify)                  _____             </td> </tr> </table>			<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____			
3. Date Received:		4. Applicant Identifier: NA			
5a. Federal Entity Identifier: NA		*5b. Federal Award Identifier:			
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<b>8. APPLICANT INFORMATION:</b>					
*a. Legal Name: Operation Breakthrough, Inc.					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 33 0241387		*c. Organizational DUNS: 88 382 4492			
<b>d. Address:</b>					
*Street 1:	Mailing: P.O. Box 6445 _____				
Street 2:	Physical: 40880 Pedder _____				
*City:	Big Bear Lake _____				
County:	San Bernardino County _____				
*State:	California _____				
Province:	_____				
*Country:	USA _____				
*Zip / Postal Code	92315 _____				
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">MAY 21 2007</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>					
<b>e. Organizational Unit:</b>					
Department Name: Operation Breakthrough, Inc. (CBO) / Healthy Start (LEA)		Division Name: "Prevention Program" (Mentoring Youth At Risk)			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:	Dr. _____	*First Name: Bert _____			
Middle Name:	_____				
*Last Name:	Meltzer _____				
Suffix:	_____				
Title:	Executive Director				
Organizational Affiliation: Operation Breakthrough, Inc., a contract agency of San Bernardino Co. Dept. of Behavioral Health - Alcohol and Drug Services					
*Telephone Number: 909-866-5437		Fax Number: 909-866-8555			
*Email: <a href="mailto:execdirector@obclean.org">execdirector@obclean.org</a>					

OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

**\*Other (Specify)**

Bear Valley Unified School District, Healthy Start Program (LEA) California Public School System

**\*10 Name of Federal Agency:**

Department of Education, Office of Safe and Drug-Free Schools

**11. Catalog of Federal Domestic Assistance Number:**

84.184B

CFDA Title:

Mentoring Programs, Office of Safe and Drug-Free Schools

**\*12 Funding Opportunity Number:**

NA

\*Title:

**13. Competition Identification Number:**

NA

Title:

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

Big Bear Lake, San Bernardino County, California and surrounding communities

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

Operation Breakthrough, Inc. (CBO) and Healthy Start Program (LEA), "Greatest Need," School-based Mentoring Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-041

\*b. Program/Project: CA-041

**17. Proposed Project:**

\*a. Start Date: July 1, 2007

\*b. End Date: June 30, 2008

**18. Estimated Funding (\$):**

*a. Federal	100,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	100,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/22/2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Dr. \*First Name: Bert  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Meltzer  
 Suffix: \_\_\_\_\_

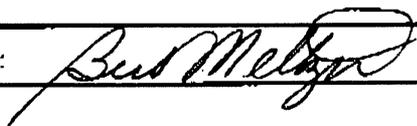
\*Title: Executive Director

\*Telephone Number: 909-866-5437, Ext 104

Fax Number: 909-866-8555

\* Email: execdirector@obclean.org

\*Signature of Authorized Representative:



\*Date Signed: May 21, 2007

**Application for Federal Assistance SF-424**

**Version 02**

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	<input type="text"/>

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

**State Use Only:**

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

**B. APPLICANT INFORMATION:**

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
<input type="text" value="37-1438155"/>	<input type="text" value="798644218"/>

**d. Address:**

* Street1:	<input type="text" value="2930 West 141st Pl #5"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>MAY 21 2007</p> <p>STATE CLEARING HOUSE</p> </div>
Street2:	<input type="text"/>	
* City:	<input type="text" value="Gardena"/>	
County:	<input type="text"/>	
* State:	<input type="text" value="CA: California"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="90249-2700"/>	

**e. Organizational Unit:**

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

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

Prefix:	* First Name:	<input type="text" value="G Dale"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Armstrong"/>	
Suffix:	<input type="text"/>	

Title:

Organizational Affiliation:

\* Telephone Number:  Fax Number:

\* Email:

**Application for Federal Assistance SF-424**

**Version 02**

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

**CFDA Title:**

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

**\* Title:**

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

**Title:**

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

Areas effected at local school district 8, city: Gardena, county: Los Angeles, state: California

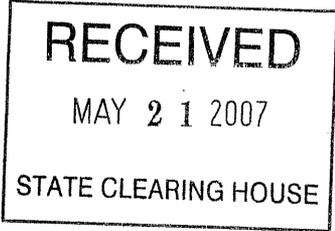
**\* 15. Descriptive Title of Applicant's Project:**

Faith-Based Mentoring program designed for a school based mentoring structure

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-35	* b. Program/Project CA-35
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2007	* b. End Date: 06/14/2014
<b>18. Estimated Funding (\$):</b>		
* a. Federal	150,000.00	
* b. Applicant	5,000.00	
* c. State	0.00	
* d. Local	10,000.00	
* e. Other	10,000.00	
* f. Program Income	0.00	
* g. TOTAL	175,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	05/21/2007
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
	<input type="text" value="EXPLANATION"/>	
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p>		
<input checked="" type="checkbox"/>	** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: G Dale
Middle Name:	<input type="text"/>	
* Last Name:	Armstrong	
Suffix:	<input type="text"/>	
* Title:	Executive Director/Founder	
* Telephone Number:	310-538-1877	Fax Number: <input type="text"/>
* Email:	dalaiah594@aol.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Proteus Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2184330		*c. Organizational DUNS: 145727889
<b>d. Address:</b>		
*Street 1:	<u>1830 N. Dinuba Blvd.</u>	
Street 2:	_____	
*City:	<u>Visalia</u>	
County:	<u>Fresno</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>USA</u>	
*Zip / Postal Code	<u>93291</u>	
		
<b>e. Organizational Unit:</b>		
Department Name: Proteus Inc.		Division Name: Youth Division
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms.</u>	*First Name: <u>Shawna</u>
Middle Name:	<u>M</u>	
*Last Name:	<u>Goodwin</u>	
Suffix:	_____	
Title:	<u>Sr. Planner</u>	
Organizational Affiliation: <u>none</u>		
*Telephone Number: 559-733-5423 ext. 260		Fax Number: 559-738-1137
*Email: <u>Shawna@proteusinc.org</u>		

Application for Federal Assistance SF-424	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b> Community Based Organization 501 (c) 3  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> U.S. Department of Education	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <u>84.184B</u>  CFDA Title: <u>Mentoring Programs</u>	
<b>*12 Funding Opportunity Number:</b> <u>ED GRANTS - 041107-001</u>  *Title: <u>Mentoring Programs</u>	
<b>13. Competition Identification Number:</b> <u>84-184B2007-1</u>  Title: <u>Mentoring Programs</u>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  City: Parlier County: Fresno State: California	
<b>*15. Descriptive Title of Applicant's Project:</b>  "Sembrando Semillitas/Planting Little Seeds."	

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 21	*b. Program/Project: 21	
<b>17. Proposed Project:</b>		
*a. Start Date: 09/01/2007	*b. End Date: 08/31/2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	199,999	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	199,999	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>04/11/2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: Mr.	*First Name: Michael	
Middle Name: E.		
*Last Name: McCann		
Suffix:		
*Title: Chief Executive Officer		
*Telephone Number: 559-733-5423	Fax Number: 559-738-1137	
* Email: Mike@proteusinc.org		
*Signature of Authorized Representative: 	*Date Signed: 5/21/07	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify) _____
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Big Brothers Big Sisters of San Diego County		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2151526		*c. Organizational DUNS: 961876430
d. Address:		
*Street 1: <u>8515 Arjons Drive, Suite A</u>		<b>RECEIVED</b> MAY 21 2007 STATE CLEARING HOUSE
Street 2: _____		
*City: <u>San Diego</u>		
County: <u>San Diego County</u>		
*State: <u>California</u>		
Province: _____		
*Country: <u>United States</u>		
*Zip / Postal Code <u>92126</u>		
e. Organizational Unit:		
Department Name: Development		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		*First Name: <u>Rachel</u>
Middle Name: <u>Amalie</u>		
*Last Name: <u>Weil</u>		
Suffix: _____		
Title: <u>Corporate and Foundation Grants Manager</u>		
Organizational Affiliation:		
*Telephone Number: 858-536-4900 extension 271		Fax Number: 858-536-8028
*Email: <u>rachelw@sdbigs.org</u>		

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

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Education, Office of Safe and Drug Free Schools

**11. Catalog of Federal Domestic Assistance Number:**84.184B

CFDA Title:

Mentoring Program**\*12 Funding Opportunity Number:**

\*Title:

Mentoring Program Grant**13. Competition Identification Number:**

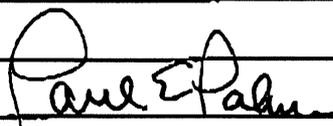
Title:

Mentoring Program Grant**14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Diego County, California

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

Big Brothers Big Sisters of San Diego County School Based Mentoring Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-049, CA-050, CA-051, CA-052, CA-053		*b. Program/Project: CA-049, CA-050, CA-051, CA-052, CA-053
<b>17. Proposed Project:</b>		
*a. Start Date: 09/2007		*b. End Date: 09/2010
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	\$300,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$300,000
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/21/07</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: Mr.	_____	*First Name: Paul
Middle Name:	_____	
*Last Name:	Palmer	
Suffix:	_____	
*Title: CEO/President		
*Telephone Number: 858-536-4900 extension 203		Fax Number: 858-536-8028
* Email: paulp@sdbigs.org		
*Signature of Authorized Representative: 		*Date Signed: 5-18-07

### APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 29, 2007	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

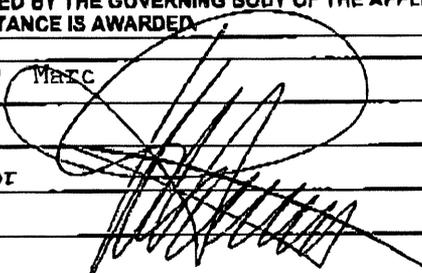
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Tri-County Economic Development Corporation		Department:	
Organizational DUNS: 15-340-4116		Division:	
Address: Street: 3120 Cohasset Rd., Suite 5		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix: Mr.	First Name: Marc Nemanic
County: Butte County		Middle Name:	
State: CA		Last Name: Nemanic	
Zip Code: 95973		Suffix:	
Country: USA		Email: marc@tricityedc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		Phone Number (give area code): (530)893-8732	Fax Number (give area code): (530)893-0820

**RECEIVED**  
 MAY 21 2007  
 STATE CLEARING HOUSE

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR Profit Organization Other (specify):	
9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce Economic Development Administration		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The program objectives of this investment will support economic development programs that will foster the creation of jobs for the unemployed and underemployed, as well as the retention of jobs in the District.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Economic Development Support for Planning Organization 11 - 302 TITLE (Name of Program):		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2      b. Project 2	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn, & Tehama Counties & the Incorporated Cities therein		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/17/07 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	
13. PROPOSED PROJECT Start Date: 7-1-07      Ending Date: 6-30-08		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
15. ESTIMATED FUNDING:		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. Federal	\$ 67,000	a. Authorized Representative	
b. Applicant	\$	Prefix Mr.	First Name Marc
c. State	\$	Middle Name	
d. Local	\$ 44,667	Last Name Nemanic	
e. Other	\$	Suffix	
f. Program Income	\$	b. Title Executive Director	
g. TOTAL	\$ 111,667	c. Telephone Number (give area code) (530) 893-8732	
		e. Date Signed 5/17/07	



Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>            MAY 21 2007            STATE CLEARING HOUSE         </div>		
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Big Brothers Big Sisters of San Diego County		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2151526		*c. Organizational DUNS: 961876430
d. Address:		
*Street 1:	<u>8515 Arjons Drive, Suite A</u>	
Street 2:	_____	
*City:	<u>San Diego</u>	
County:	<u>San Diego County</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>United States</u>	
*Zip / Postal Code	<u>92126</u>	
e. Organizational Unit:		
Department Name: Development		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>Rachel</u>	
Middle Name: <u>Amalie</u>		
*Last Name: <u>Weil</u>		
Suffix: _____		
Title:	Corporate and Foundation Grants Manager	
Organizational Affiliation:		
*Telephone Number: 858-536-4900 extension 271		Fax Number: 858-536-8028
*Email: rachelw@sdbigs.org		

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

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Education, Office of Safe and Drug Free Schools

**11. Catalog of Federal Domestic Assistance Number:**

84.184B \_\_\_\_\_

CFDA Title:

Mentoring Program \_\_\_\_\_**\*12 Funding Opportunity Number:**

\*Title:

Mentoring Program Grant \_\_\_\_\_**13. Competition Identification Number:**

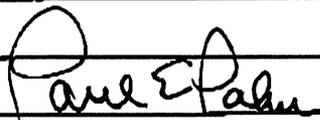
Title:

Mentoring Program Grant \_\_\_\_\_**14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Diego County, California

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

Big Brothers Big Sisters of San Diego County School Based Mentoring Program

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-049, CA-050, CA-051, CA-052, CA-053		*b. Program/Project: CA-049, CA-050, CA-051, CA-052, CA-053
<b>17. Proposed Project:</b>		
*a. Start Date: 09/2007		*b. End Date: 09/2010
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	\$300,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$300,000
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/21/07</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: <u>Mr.</u>	*First Name: <u>Paul</u>	
Middle Name: _____		
*Last Name: <u>Palmer</u>		
Suffix: _____		
*Title: CEO/President		
*Telephone Number: 858-536-4900 extension 203	Fax Number: 858-536-8028	
* Email: paulp@sdbigs.org		
*Signature of Authorized Representative: 	*Date Signed: <u>5-18-07</u>	

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: 94-3145997		*5b. Federal Award Identifier: OAKLAND ASIAN STUDENTS EDUCATIONAL SERVICES HOUSE
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>B. APPLICANT INFORMATION:</b>		
*a. Legal Name: <i>Oakland Asian Students Educational Services (OASES)</i>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3145997		*c. Organizational DUNS: 112144675
<b>d. Address:</b>		
*Street 1:	196 10 <sup>th</sup> st.	
Street 2:		
*City:	Oakland	
County:	Alameda	
*State:	CA	
Province:		
*Country:	USA	
*Zip / Postal Code	94607	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	*First Name: Jessian	
Middle Name:		
*Last Name:	Choy	
Suffix:		
Title:	Development Director	
Organizational Affiliation:		
*Telephone Number: 510-891-9928 x24		Fax Number: 510-891-9418
*Email: Jessian@oases.org		

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Education, Office of Safe and Drug-Free Schools  
84.184B  
CFDA Title: Mentoring Programs

**11. Catalog of Federal Domestic Assistance Number:**

84.184B  
CFDA Title: Mentoring Programs

**\*12 Funding Opportunity Number:**

84.184B \_\_\_\_\_

\*Title:  
Mentoring Programs \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_  
Title:  
\_\_\_\_\_

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

Oakland, Alameda County, CA

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

OASES Inspire Mentoring Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: CA-09

\*b. Program/Project: CA-09

17. Proposed Project:

\*a. Start Date: 9/1/2007

\*b. End Date: 6/30/2010

18. Estimated Funding (\$):

*a. Federal	600,000
*b. Applicant	834,928
*c. State	N/A
*d. Local	N/A
*e. Other	N/A
*f. Program Income	N/A
*g. TOTAL	1,434,928

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/21/07
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

X \*\* I AGREE

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

Authorized Representative:

Prefix: \_\_\_\_\_ \*First Name: H. Nhi

Middle Name: \_\_\_\_\_

\*Last Name: Chau

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 510-891-9928 x10

Fax Number: 510-891-9418

\* Email: nhi@oases.org

\*Signature of Authorized Representative: H. Nhi Chau

\*Date Signed: 5/21/2007

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

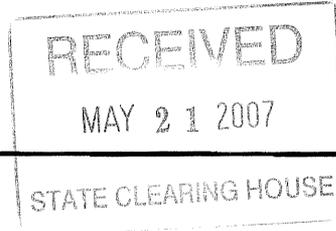
- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Alhambra Unified School District

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-0000025

\*c. Organizational DUNS:  
070649793

**d. Address:**

\*Street 1: 15 West Alhambra Road  
Street 2:  
\*City: Alhambra  
County: Los Angeles  
\*State: CA  
Province:  
\*Country: United States of America  
\*Zip / Postal Code 91801

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Laurel  
Middle Name: \_\_\_\_\_  
\*Last Name: Bear  
Suffix: Ph.D.  
Title: Director of Pupil Services

Organizational Affiliation:  
Alhambra Unified School District

\*Telephone Number: 626/308-2383

Fax Number: 626/284-0698

\*Email: Bear\_Laurel@alhambra.K12.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

G –Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

CFDA #84-184B

Title:

Mentoring Programs

**11. Catalog of Federal Domestic Assistance Number:**

84-184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

CFDA #84-184B

\*Title:

Mentoring Programs

**13. Competition Identification Number:**

CFDA #84-184B

Title:

Mentoring Programs

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

Alhambra Unified School District

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

Alhambra Unified School District

Pupil Achieving and Loving Support (PALS) Mentoring Program

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-029	*b. Program/Project: CA-029	
<b>17. Proposed Project:</b>		
*a. Start Date: 10/01/07	*b. End Date: 09/30/10	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$200,000.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL		
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>May 23, 2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Julie</u>	
Middle Name: _____		
*Last Name: <u>Hadden</u>		
Suffix: <u>Ed.D.</u>		
*Title: Superintendent - Alhambra Unified School District		
*Telephone Number: 626/308-2255	Fax Number: 626/284-0698	
* Email: Hadden_julie@alhambra.k12.ca.us		
*Signature of Authorized Representative: 	*Date Signed: <u>5/21/07</u>	

**Application for Federal Assistance SF-424**

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

**RECEIVED**

MAY 21 2007

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Collaborative for High Performance Schools, Inc.

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

41-2031798

\* c. Organizational DUNS:

017461914

**d. Address:**

\* Street1: 142 Minna St., Second Floor

Street2:

\* City: San Francisco

County: San Francisco

\* State: CA

Province:

\* Country: United States of America

\* Zip / Postal Code: 94105

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Mr.

\* First Name: Charles

Middle Name:

\* Last Name: Eley

Suffix:

Title: Executive Director

Organizational Affiliation:

Collaborative for High Performance Schools

\* Telephone Number: 415-957-1977

Fax Number: 415-957-1381

\* Email: charles@chps.net

**Application for Federal Assistance SF-424**

Version 02

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

M

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

U.S. Environmental Protection Agency, Region 9

**11. Catalog of Federal Domestic Assistance Number:**

66.808

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

EPA-R9-WST7-07-002

**\* Title:**

Request for Initial Proposals, Solid Waste Management Assistance

**13. Competition Identification Number:**

**Title:**

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

California

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

Green Product and Service Schools Database

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$82,482.00"/>
* b. Applicant	<input type="text" value="\$19,967.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$102,449.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

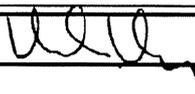
**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 05/23/2007	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

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

## 5. APPLICANT INFORMATION

Legal Name: <b>Project IMPACT</b>	Organizational Unit:		
Organizational DUNS: <b>616266508</b>	Department:		
Address:	Division:		
Street: <b>2611 Industry Way, Suites G and H</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)		
City: <b>Lynwood</b>	Prefix: <b>Dr.</b>	First Name: <b>Matthew</b>	
County: <b>Los Angeles</b>	Middle Name:	<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 2px solid black; padding: 5px; font-size: 18px; font-weight: bold;">MAY 21 2007</div> <div style="border: 2px solid black; padding: 5px; font-size: 14px; font-weight: bold;">STATE CLEARING HOUSE</div>	
State: <b>California</b>	ZIP: <b>90262</b>		Last Name: <b>Harris</b>
Country: <b>USA</b>	Suffix:		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **95 - 4056457**

Phone Number (give area code): **(310) 631-9763**

FAX Number (give area code): **(310) 631-6680**

8. TYPE OF APPLICATION:  New  Continuation  Revision

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

Other (Specify):

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

Not for Profit Organization

Other (Specify):

9. NAME OF FEDERAL AGENCY:  
**Department of Education**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **84 - 184**

TITLE (Name of Program): **Mentoring Programs**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
**Mentoring Excellence: Compton Schools**

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

13. PROPOSED PROJECT:

Start Date: **10/01/2007** Ending Date: **09/30/2010**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: **39th District** b. Project: **37th and 39th Districts**

15. ESTIMATED FUNDING:

a. Federal	<b>\$200,000.00</b>
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	<b>\$200,000.00</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: **05/21/2007**

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

17. IS APPLICATION 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 ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: <b>Dr.</b>	First Name: <b>Matthew</b>	Middle Name:
Last Name: <b>Harris</b>	Suffix:	
b. Title: <b>Executive Director</b>	c. Telephone Number (give area code): <b>(310) 631-9763</b>	
d. Signature of Authorized Representative: 	e. Date Signed: <b>05/21/2007</b>	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 5/16/07	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: COUNTY OF SAN DIEGO	Organizational Unit: Department: PUBLIC WORKS
Organizational DUNS: 00-9561646	Division: AIRPORTS
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Country: USA	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: PETER.DRINKWATER@sdcounty.ca.gov

**RECEIVED**  
 MAY 21 2007  
 STATE CLEARING HOUSE

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

<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) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)	<b>9. NAME OF FEDERAL AGENCY:</b> FEDERAL AVIATION ADMINISTRATION
--	--

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 RAMONA AIRPORT - DESIGN AND CONSTRUCT AIR TRAFFIC CONTROL TOWER

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> RAMONA, SAN DIEGO COUNTY, CA	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 52 b. Project: 52
--	--

<b>13. PROPOSED PROJECT</b> Start Date: TBD Ending Date: TBD	<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr><td>a. Federal</td><td>\$ 1,500,000</td></tr> <tr><td>b. Applicant</td><td>\$ 474,560</td></tr> <tr><td>c. State</td><td>\$</td></tr> <tr><td>d. Local</td><td>\$</td></tr> <tr><td>e. Other</td><td>\$</td></tr> <tr><td>f. Program Income</td><td>\$</td></tr> <tr><td>g. TOTAL</td><td>\$ 1,974,560</td></tr> </table>	a. Federal	\$ 1,500,000	b. Applicant	\$ 474,560	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 1,974,560
a. Federal	\$ 1,500,000														
b. Applicant	\$ 474,560														
c. State	\$														
d. Local	\$														
e. Other	\$														
f. Program Income	\$														
g. TOTAL	\$ 1,974,560														
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: BY 6/01/07 (Faxed to (916) 323.3018) 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>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/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix	First Name: PETER	Middle Name:
Last Name: DRINKWATER	Suffix:	
b. Title: DIRECTOR OF COUNTY AIRPORTS	c. Telephone Number (give area code): (619) 956-4839	
d. Signature of Authorized Representative: <i>Peter Drinkwater</i>	e. Date Signed: 5/16/07	

Previous Edition Usable  
 Authorized for Local Reproduction

**RECEIVED**  
 MAY 21 2007  
 STATE CLEARING HOUSE

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

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input type="checkbox"/> Application Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication 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: The Regents of the University of California Address (give city, county, State, and zip code): 300 University Tower // UC Irvine Irvine, CA 92697-7600		Organizational Unit: Irvine Campus Name and telephone number of person to be contacted on matters involving this application (give area code): Ms. Gillian Fischer 949-824-2644 voice 949-824-2094 fax gfischer@uci.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2226406 STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> 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) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency Region 9	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-808 TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GreenScanner	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Via Internet: all U.S. For evaluation, interviews, experiments: So. Calif.			
13. PROPOSED PROJECT Start Date: 10/01/2007 Ending Date: 09/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 48 b. Project: 48 and all of U.S.	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/17/2007	
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	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 100,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ms. Gillian Fischer		b. Title Contracts & Grant Officer	c. Telephone Number 949-824-2644
d. Signature of Authorized Representative <i>Gillian Fischer</i>		e. Date Signed 5/17/07	

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

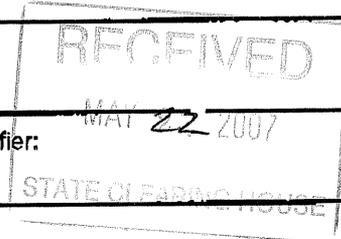
- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)

3. Date Received:

4. Applicant Identifier:



5a. Federal Entity Identifier:

N/A

\*5b. Federal Award Identifier:

N/A

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Impacting Hearts Foundation

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

75-3214633

\*c. Organizational DUNS:

800122926

**d. Address:**

\*Street 1: 1830 Colby Ave., Suite #2

Street 2: \_\_\_\_\_

\*City: Los Angeles

County: Los Angeles

\*State: California

Province: \_\_\_\_\_

\*Country: United States of America

\*Zip / Postal Code 90025

**e. Organizational Unit:**

Department Name:

N/A

Division Name:

N/A

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

Prefix: Mr.

\*First Name: Eric

Middle Name: Andrew

\*Last Name: Garthoffner

Suffix: \_\_\_\_\_

Title: Chief Financial Officer

Organizational Affiliation:

N/A

\*Telephone Number: 310-433-4838

Fax Number: 801-203-5538

\*Email: eric@impactinghearts.org

**Application for Federal Assistance SF-424**

Version 02

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

Nonprofit with 501(C)3 IRS Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

#84.184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

N/A

\*Title:

N/A

**13. Competition Identification Number:**

N/A

Title:

N/A

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

Los Angeles County, California

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

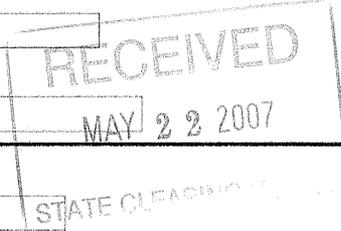
Positive Adults Teaching Helping and Shepherd'ing ("PATHs")



**Application for Federal Assistance SF-424**

Version 02

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



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

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

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Be A Mentor, Inc.	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 943165640	<b>* c. Organizational DUNS:</b> 883828022

**d. Address:**

<b>* Street1:</b>	4588 Peralta Blvd., Suite 17
<b>Street2:</b>	_____
<b>* City:</b>	Fremont
<b>County:</b>	Alameda
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	94536

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> Robert
<b>Middle Name:</b>	_____
<b>* Last Name:</b> Goetsch	_____
<b>Suffix:</b>	_____

<b>Title:</b> Executive Director
----------------------------------

<b>Organizational Affiliation:</b> _____
---

<b>* Telephone Number:</b> (510) 795-6488	<b>Fax Number:</b> (510) 795-6498
---	-----------------------------------

<b>* Email:</b> goetsch@beamentor.org
---------------------------------------

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

Hayward, CA in Alameda County

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

Hayward Schools Mentoring Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="150,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="150,000.00"/>

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

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

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

Yes  No

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

**\*\* I AGREE**

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

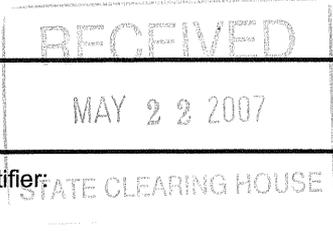
\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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



<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
--------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

<b>*a. Legal Name:</b> San Francisco Unified School District	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000416	<b>*c. Organizational DUNS:</b> 959410069

**d. Address:**

<b>*Street 1:</b>	<u>555 Franklin Street</u>
Street 2:	_____
<b>*City:</b>	<u>San Francisco</u>
County:	<u>San Francisco</u>
<b>*State:</b>	<u>CA</u>
Province:	_____
<b>*Country:</b>	<u>U.S.A.</u>
<b>*Zip / Postal Code</b>	<u>94102-4456</u>

**e. Organizational Unit:**

<b>Department Name:</b> School Health Programs Department	<b>Division Name:</b> Student Support Services
--	---

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

<b>Prefix:</b> _____	<b>*First Name:</b> <u>Meyla</u>
<b>Middle Name:</b> _____	
<b>*Last Name:</b> <u>Ruwin</u>	
<b>Suffix:</b> _____	

<b>Title:</b> Director
------------------------

<b>Organizational Affiliation:</b>
------------------------------------

<b>*Telephone Number:</b> (415) 242-2615	<b>Fax Number:</b> (415) 242-2618
--	-----------------------------------

<b>*Email:</b> ruwinm@sfusd.edu
---------------------------------

**Application for Federal Assistance SF-424**

Version 02

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

G. Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. Department of Education**

**11. Catalog of Federal Domestic Assistance Number:**

84.184 \_\_\_\_\_

CFDA Title:

Safe and Drug-Free Schools and Communities National Programs

**\*12 Funding Opportunity Number:**

ED-GRANTS-041107-001

\*Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

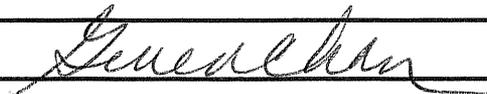
\_\_\_\_\_

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

**San Francisco, San Francisco, CA**

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

Mentoring for Success: SFUSD Middle School Student Mentor Program

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-8, CA-12	*b. Program/Project: CA-8, CA-12	
<b>17. Proposed Project:</b>		
*a. Start Date: 09/01/2007	*b. End Date: 08/31/2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	\$686,427.00
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$686,427.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Gwen</u> _____	
Middle Name: _____		
*Last Name: <u>Chan</u> _____		
Suffix: _____		
*Title: Superintendent		
*Telephone Number: (415) 241-6121		Fax Number: (415) 241-6012
* Email: chang@sfusd.edu		
*Signature of Authorized Representative: 		*Date Signed: 05/11/2007

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>RECEIVED</b>            MAY 22 2007            STATE CLEARING HOUSE         </div>		
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Friends for Youth, Inc.		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2961034		*c. Organizational DUNS: 19-450-2985
<b>d. Address:</b>		
*Street 1:	<u>1741 Broadway</u>	
Street 2:	_____	
*City:	<u>Redwood City</u>	
County:	<u>San Mateo</u>	
*State:	<u>California</u>	
Province:	_____	
*Country:	<u>United States</u>	
*Zip / Postal Code	<u>94063</u>	
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<u>Ms.</u>	*First Name: <u>Rebecca</u>
Middle Name:	_____	
*Last Name:	<u>Cooper</u>	
Suffix:	_____	
Title:	<u>Executive Director</u>	
Organizational Affiliation:		
*Telephone Number: 650-368-4464		Fax Number: 650-368-4467
*Email: <u>becky@friendsforyouth.org</u>		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

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

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

CFDA #84.184B

\*Title:

Mentoring Programs – Office of Safe and Drug-Free Schools**13. Competition Identification Number:**

Title:

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

~ San Mateo County, California

(Including the cities of Atherton, Belmont, Brisbane, Burlingame, Daly City, East Palo Alto, Foster City, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, Redwood City, San Bruno, San Carlos, San Mateo, South San Francisco, Woodside, as well as towns and unincorporated communities)

~ Santa Clara County, California

(specifically, the cities of Los Altos, Los Altos Hills, Mountain View, Palo Alto, Sunnyvale)

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

Mentoring Services

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
 \*a. Applicant: CA-14 \*b. Program/Project: CA-14, CA-12

**17. Proposed Project:**  
 \*a. Start Date: 10/01/07 \*b. End Date: 09/30/10

**18. Estimated Funding (\$):**

*a. Federal	200,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
<b>*g. TOTAL</b>	<b>200,000</b>

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**  
 a. This application was made available to the State under the Executive Order 12372 Process for review on 05/22/07  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E. O. 12372

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

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

**Authorized Representative:**

Prefix: Ms. \*First Name: Rebecca  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Cooper  
 Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 650-368-4464 Fax Number: 650-368-4467

\* Email: becky@friendsforyouth.org

\*Signature of Authorized Representative: Rebecca Cooper \*Date Signed: 05/22/07

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> Preapplication X Application Changed/Corrected Application	<b>*2. Type of Application</b> X New Continuation Revision	<b>* If Revision, select appropriate letter(s)</b>  *Other (Specify) _____
--	---	--

<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
--------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**B. APPLICANT INFORMATION:**

<b>*a. Legal Name:</b> Youth Mentoring Connection	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-484-5105	<b>*c. Organizational DUNS:</b> 03-649-5120

**d. Address:**

*Street 1:	<u>1818 S Western Avenue</u>
Street 2:	<u>Suite 505</u>
*City:	<u>Los Angeles</u>
County:	<u>Los Angeles</u>
*State:	<u>California</u>
Province:	_____
*Country:	<u>United States</u>
*Zip / Postal Code	<u>90006-5860</u>



**e. Organizational Unit:**

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

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

Prefix:	<u>Ms</u>	*First Name:	<u>Shelly</u>
Middle Name:	_____		
*Last Name	<u>Wood</u>		
Suffix:	_____		
Title:	<u>Director of Operations &amp; Development</u>		

**Organizational Affiliation:**

*Telephone Number: 323-731-8080 x108	Fax Number: 323-731-9090
*Email: <u>shelly@youthmentoring.org</u>	

**Application for Federal Assistance SF-424**

Version 02

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

Nonprofit with 501C3 IRS Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Education – Office of Safe & Drug-Free Schools (CFDA 84.184B / Mentoring Programs)

**11. Catalog of Federal Domestic Assistance Number:**

84.184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

OMB#1865-0013 (CFDA #84.184B)

\*Title:

Mentoring Programs

**13. Competition Identification Number:**

Title:

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

South Central Los Angeles, Los Angeles County, California

**\*15. Descriptive Title of Applicant's Project: School Based Mentoring**

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant 31<sup>st</sup> Congressional District

\*b. Program/Project: 35<sup>th</sup> Congressional District

**17. Proposed Project: School-based Mentoring Program**

\*a. Start Date: July 2007

\*b. End Date: June, 2010

**18. Estimated Funding (\$):200,000 per year for 3 years**

*a. Federal	_____	\$200,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms \_\_\_\_\_ \*First Name: Shelly \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Wood \_\_\_\_\_  
 Suffix: \_\_\_\_\_

\*Title: Director of Operations & Development

\*Telephone Number: 323-731-8080 x106

Fax Number: 323-731-9090

\* Email: shelly@youthmentoring.org

\*Signature of Authorized Representative:

\*Date Signed:

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

RECEIVED

MAY 22 2007

STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

\* a. Legal Name: Jesus Is Lord and King, Alpha & Omega Ministry

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

37-1438155

\* c. Organizational DUNS:

798844218

**d. Address:**

\* Street1: 2930 West 141st Pl #5

Street2:

\* City: Gardena

County:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 90249-2700

**e. Organizational Unit:**

Department Name:

Division Name:

Outreach

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

Prefix: \* First Name: G Dale

Middle Name:

\* Last Name: Armstrong

Suffix:

Title: Executive Director/Founder

Organizational Affiliation:

None

\* Telephone Number: 310-538-1677

Fax Number: 310-538-1677

\* Email: daleal1594@aol.com

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

Areas effected at local school district 8, city: Gardena, county: Los Angeles, state: California

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

Faith-Based Mentoring program designed for a school based mentoring structure

Attach supporting documents as specified in agency instructions.

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

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-35	* b. Program/Project CA-35
Attach an additional list of Program/Project Congressional Districts if needed.		
Add Attachment: [ ]		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2007	* b. End Date: 06/14/2014
<b>18. Estimated Funding (\$):</b>		
* a. Federal		150,000.00
* b. Applicant		5,000.00
* c. State		0.00
* d. Local		10,000.00
* e. Other		10,000.00
* f. Program Income		0.00
* g. TOTAL		175,000.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on 05/21/2007	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</b>		
<input checked="" type="checkbox"/>	** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:		* First Name: G Dale
Middle Name:		
* Last Name:	Armstrong	
Suffix:		
* Title:	Executive Director/Founder	
* Telephone Number:	310-538-1677	Fax Number:
* Email:	dalalah584@aol.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

2 of 3

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

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1890-0017  
Exp. 04/30/2008

## Applicant Information

### 1. Name and Address

Legal Name: Children Uniting Nations

Address: 1006 N. Rexford Drive

Beverly Hills  
City

CA Los Angeles  
State County

90210 - 2322  
ZIP Code + 4

### Organizational Unit

2. Applicant's D-U-N-S Number | 1 | 3 | 4 | 6 | 9 | 1 | 4 | 8 | 9 |

3. Applicant's T-I-N | 9 | 5 | - | 4 | 7 | 2 | 5 | 3 | 2 | 3 |

4. Catalog of Federal Domestic Assistance #: 84 | 1 | 8 | 4 | B |

Title: Mentoring Programs

5. Project Director: Daphna Ziman

Address: 1006 N. Rexford Drive

Beverly Hills CA 90210-2322  
City State Zip code + 4

Tel. #: ( 310 ) 271 - 8421 Fax #: ( 310 ) 271-8253

E-Mail Address: dziman@childrenunitingnations.org

## Application Information

### 10. Type of Submission:

*-PreApplication*  Construction  Non-Construction  
*-Application*  Construction  Non-Construction  
 Non-Construction

### 11. Is application subject to review by Executive Order 12372 process?

**Yes** (Date made available to the Executive Order 12372 process for review): 5/ 21 / 2007

**No** (If "No," check appropriate box below.)  
 Program is not covered by E.O. 12372.  
 Program has not been selected by State for review.

12. Proposed Project Dates: 9 / 1 / 2007 8 / 31 / 2010  
Start Date: End Date:

## Estimated Funding

15a. Federal \$ 191,974 . 00  
b. Applicant \$ \_\_\_\_\_ . 00  
c. State \$ \_\_\_\_\_ . 00  
d. Local \$ \_\_\_\_\_ . 00  
e. Other \$ \_\_\_\_\_ . 00  
f. Program Income \$ \_\_\_\_\_ . 00  
g. TOTAL \$ 191,974 . 00

## Authorized Representative Information

16. To the best of my knowledge and belief, all data in this preapplication/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. Authorized Representative (Please type or print name clearly.)

Daphna Ziman

b. Title: Founder and Chairperson

c. Tel. #: ( 310 ) 271 - 8421 Fax #: ( 310 ) 271 - 8253

d. E-Mail Address: dziman@childrenunitingnations

### e. Signature of Authorized Representative

*Daphna E Ziman*

Date: 5 / 21 / 2007

6. Novice Applicant  Yes  No

7. Is the applicant delinquent on any Federal debt?  Yes  No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)  I |

A - State F - Independent School District  
B - Local G - Public College or University  
C - Special District H - Private, Non-profit College or University  
D - Indian Tribe I - Non-profit Organization  
E - Individual J - Private, Profit-Making Organization

K - Other (Specify): \_\_\_\_\_

9. State Application Identifier \_\_\_\_\_

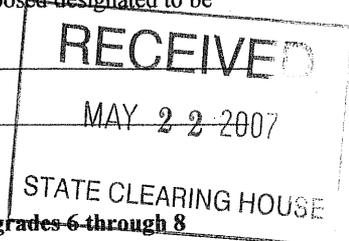
13. Are any research activities involving human subjects planned at any time during the proposed project period?  
 Yes (Go to 13a.)  No (Go to item 14.)

13a. Are all the research activities proposed designated to be exempt from the regulations?

Yes (Provide Exemption(s) #): \_\_\_\_\_  
 No (Provide Assurance #): \_\_\_\_\_

### 14. Descriptive Title of Applicant's Project:

Academic Mentoring for children in grades 6 through 8  
in four schools in the Los Angeles Unified School District.



Version 02

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: Project Amiga

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

954410599

## \* c. Organizational DUNS:

133372297

## d. Address:

## \* Street1:

2001 Tyler Avenue Suite 203

## Street2:

## \* City:

South El Monte

## County:

Los Angeles

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code: 91733

## e. Organizational Unit:

## Department Name:

## Division Name:

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

## Prefix: Ms

## \* First Name: Irene

## Middle Name: E

## \* Last Name: Portillo

## Suffix:

## Title: Executive Director

## Organizational Affiliation:

Project Amiga

## \* Telephone Number: 626-401-1395

## Fax Number: 626-401-3707

## \* Email: project\_amiga@yahoo.com

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities, National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

Los Angeles County

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

Mentoring At-Risk Youth

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	32	* b. Program/Project
		32
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	01/01/2008	* b. End Date:
		12/31/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	600,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	800,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
		05/22/2007
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Ms	* First Name:
Middle Name:	E	Irene
* Last Name:	Portillo	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	626-401-1395	* Fax Number:
		626-401-3707
* Email:	project_amiga@yahoo.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

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

RECEIVED

MAY 22 2007

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Friends Research Institute, Inc.

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

1520701445A1

**\* c. Organizational DUNS:**

010095032

**d. Address:**

**\* Street1:**

505 Baltimore Ave

**Street2:**

**\* City:**

Baltimore

**County:**

**\* State:**

MD: Maryland

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

21204

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

William

**Middle Name:**

Jason

**\* Last Name:**

McCuller

**Suffix:**

**Title:**

Project Director

**Organizational Affiliation:**

Friends Research Institute, Inc.

**\* Telephone Number:**

310-224-4670

**Fax Number:**

310-782-9140

**\* Email:**

jmcculler@friendsresearch.org

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

64.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 64.184B

**13. Competition Identification Number:**

64-184B2007-1

Title:

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

Los Angeles County

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

Community Collaboration for Mentoring Foster Youth

Attach supporting documents as specified in agency instructions.



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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* b. Program/Project 

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

## 17. Proposed Project:

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

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="504,953.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="504,953.00"/>

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

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

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

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

 \*\* I AGREE

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

## Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	<b>RECEIVED</b> MAY 22 2007
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: STATE CLEARING HOUSE	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: San Francisco Unified School District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000416	*c. Organizational DUNS: 959410069	
<b>d. Address:</b>		
*Street 1:	<u>555 Franklin Street</u>	
Street 2:	_____	
*City:	<u>San Francisco</u>	
County:	<u>San Francisco</u>	
*State:	<u>CA</u>	
Province:	_____	
*Country:	<u>U.S.A.</u>	
*Zip / Postal Code	<u>94102</u>	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name: Student Support Services	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____	*First Name: <u>Trish</u>	
Middle Name: _____		
*Last Name: <u>Bascom</u>		
Suffix: _____		
Title: Associate Superintendent		
Organizational Affiliation:		
*Telephone Number: (415) 241-6121	Fax Number: (415) 241-6012	
*Email: bascomt@sfusd.edu		

**Application for Federal Assistance SF-424**

Version 02

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

G. Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. Department of Education**

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities National Programs

**\*12 Funding Opportunity Number:**

ED-GRANTS-040607-010

\*Title:

Readiness and Emergency Management for Schools Grant Program CFDA 84.184E

**13. Competition Identification Number:**

84-184E2007-1

Title:

\_\_\_\_\_

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

**San Francisco, San Francisco, CA**

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

A Project to Improve and Strengthen School Emergency Management Plans

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-8, CA-12

\*b. Program/Project: CA-8, CA-12

**17. Proposed Project:**

\*a. Start Date: 09/01/2007

\*b. End Date: 03/01/2009

**18. Estimated Funding (\$):**

*a. Federal	_____	\$550,001.00
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$550,001.00

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Gwen \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Chan \_\_\_\_\_  
 Suffix: \_\_\_\_\_

\*Title: Superintendent

\*Telephone Number: (415) 241-6121

Fax Number: (415) 241-6012

\* Email: chang@sfusd.edu

\*Signature of Authorized Representative:



\*Date Signed: 05/18/2007

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

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

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**RECEIVED**  
 MAY 23 2007  
 STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name: Imperial County Office of Education

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

95-6001665

\* c. Organizational DUNS:

084980176

d. Address:

\* Street1:

1398 Sperber Road

Street2:

\* City:

El Centro

County:

\* State:

California

Province:

\* Country:

USA

\* Zip / Postal Code:

92243

e. Organizational Unit:

Department Name:

Student Well Being & Family Resources

Division Name:

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

Prefix:

Mr.

\* First Name:

Michael

Middle Name:

\* Last Name:

McFadden

Suffix:

Title:

Director

Organizational Affiliation:

\* Telephone Number:

(760)312-6498

Fax Number:

(760) 312-6576

\* Email:

mmcfadden@icoe.org

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

**Application for Federal Assistance SF-424**

**Version 02**

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

Independent School District

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184B

**CFDA Title:**

Office of Safe and Drug Free Schools - Mentoring Programs

**\* 12. Funding Opportunity Number:**

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

Imperial County

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

Mentoring opportunities for at risk students in grades 4th through 8th, attending Program Improvement Schools in Imperial County.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant **CA-051**

\* b. Program/Project **CA-051**

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

17. Proposed Project:

\* a. Start Date: **10/01/07**

\* b. End Date: **09/30/10**

18. Estimated Funding (\$):

* a. Federal	<b>\$200,000.00</b>
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<b>\$200,000.00</b>

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

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

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

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix: **Mr.** \* First Name: **John**  
 Middle Name: **D.**  
 \* Last Name: **Anderson**  
 Suffix:

\* Title: **Superintendent, Imperial County Office of Education**

\* Telephone Number: **(760) 312-6440** Fax Number: **(760) 312-6565**

\* Email: **JAnderson@icoe.org**

\* Signature of Authorized Representative: *John Anderson* \* Date Signed: **5/22/07**

# Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved  
OMB No. 1890-0017  
Exp. 04/30/2008

## Applicant Information

1. Name and Address

Legal Name: **Big Brothers Big Sisters of Greater Los Angeles and the Inland Empire**

Address: **800 South Figueroa Street, Suite 620**

Organizational Unit

Los Angeles City      CA State      Los Angeles County County      90017 ZIP Code + 4

2. Applicant's D-U-N-S Number 075269902

6. Novice Applicant  Yes  No

3. Applicant's T-I-N 9519104857

7. Is the applicant delinquent on any Federal debt?  Yes  No  
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance # 84.184B

Title: Mentoring Program

8. Type of Applicant (Enter appropriate letter in the box.) I

- A - State
- B - Local
- C - Special District
- D - Indian Tribe
- E - Individual
- F - Independent School District
- G - Public College or University
- H - Private, Non-profit College or University
- I - Non-profit Organization
- J - Private, Profit-Making Organization

5. Project Director: Eddie Torres

Address: 800 South Figueroa Street, Suite 620

Los Angeles City      CA State      90017 Zip code + 4  
Tel. #: (213) 481-3611      Fax #: (213) 481-1148

E-Mail Address: edtorres@bbbsglaiie.org

K - Other (Specify): \_\_\_\_\_

9. State Application Identifier \_\_\_\_\_

## Application Information

1. Type of Submission:

- Pre-Application
- Construction
- Non-Construction
- Application
- Construction
- Non-Construction

13. Are any research activities involving human subjects planned at any time during the proposed project period?  
 Yes (Go to 13a.)  No (Go to item 14.)

1. Is application subject to review by Executive Order 12372 process?

- Yes (Date made available to the Executive Order 12372 process for review): 5/22/2007
- No (If "No," check appropriate box below.)
  - Program is not covered by E.O. 12372.
  - Program has not been selected by State for review.

13a. Are all the research activities proposed designated to be exempt from the regulations?  
 Yes (Provide Exemption(s) #): \_\_\_\_\_

No (Provide Assurance #): \_\_\_\_\_

1. Proposed Project Dates: 10/1/2007 Start Date:      9/30/2010 End Date:

14. Descriptive Title of Applicant's Project:

Inglewood School-Based Mentoring Program

## Estimated Funding

- a. Federal \$ 168,741.00
- b. Applicant \$ 30,048.00
- c. State \$ 0.00
- d. Local \$ 0.00
- e. Other \$ 0.00
- f. Program Income \$ 0.00
- g. TOTAL \$ 198,789.00

## Authorized Representative Information

16. To the best of my knowledge and belief, all data in this preapplication/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. Authorized Representative (Please type or print name clearly.) \_\_\_\_\_

b. Title: President/CEO

c. Tel. #: (213) 481-3611 x2249 Fax #: (213) 481-1148

d. E-Mail Address: jkobara@bbbslaie.org

e. Signature of Authorized Representative

*[Handwritten Signature]*

Date: 5/22/07

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

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MAY 23 2007

STATE CLEARING HOUSE

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Community Action Partnership of Kern

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

95-2402780

## \* c. Organizational DUNS:

072947617

## d. Address:

\* Street1: Community Action Partnership of Kern

Street2: 300 19th Street

\* City: Bakersfield

County: Kern

\* State: CA: California

Province: 

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 93301

## e. Organizational Unit:

## Department Name:

Shafter Youth Center

## Division Name:

Family and Community Services

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

Prefix: Ms.

\* First Name: Romala

Middle Name: 

\* Last Name: Ramkissoon

Suffix: 

Title: Director of Family and Community Services

## Organizational Affiliation:

Community Action Partnership of Kern

\* Telephone Number: 661.336.5236

Fax Number: 661.322.2237

\* Email: rramkiss@capk.org

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

**CFDA Title:**

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

**\* Title:**

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

**Title:**

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

Shafter, Kern County, California

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

Shafter Youth Center Mentoring Project

Attach supporting documents as specified in agency instructions.



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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant \* b. Program/Project 

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

## 17. Proposed Project:

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

## 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="432,400.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="432,400.00"/>

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

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

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

Yes  No

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

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

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MAY 23 2007

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

\* a. Legal Name: SER-Jobs for Progress, Inc. San Joaquin Valley

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

94-2188609

**\* c. Organizational DUNS:**

047902197

**d. Address:**

\* Street1: 407 S. Clovis Avenue Suite 109

Street2:

\* City:

Fresno

County:

Fresno

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 93727

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix:

Ms.

\* First Name:

Rebecca

Middle Name:

\* Last Name:

Mendibles

Suffix:

Title: Executive Director

Organizational Affiliation:

SER National Inc.

\* Telephone Number: (559) 452-0881

Fax Number: (559) 452-8038

\* Email: becki.m@sbcglobal.net

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

Fresno and Tulare Counties in the State of California

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

SER-Jobs for Progress Transitional Mentoring Program

Attach supporting documents as specified in agency instructions.





**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

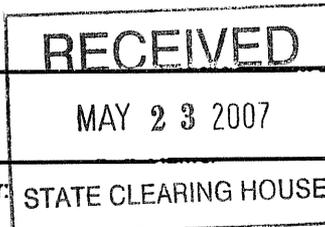
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Los Angeles Unified School District

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
SR-AB-16-602-912

\*c. Organizational DUNS:  
95600908

d. Address:

\*Street 1: 1208 Magnolia Avenue

Street 2: \_\_\_\_\_

\*City: Gardena

County: Los Angeles

\*State: CA

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code: 90247

e. Organizational Unit:

Department Name:  
District 8

Division Name:

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

Prefix: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Lamb

Suffix: LCSW

\*First Name: Sheila

Title: Clinical Social Worker

Organizational Affiliation:  
Los Angeles Unified School District

\*Telephone Number: 310-552-5744

Fax Number: 310-830-9015

\*Email: sheila.lamb@lausd.net

<b>Application for Federal Assistance SF-424</b>		Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b>          G. Independent School District</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>		
<p><b>*10 Name of Federal Agency:</b>          Department of Education</p>		
<p><b>11. Catalog of Federal Domestic Assistance Number:</b>  <u>84.184B</u></p> <p>CFDA Title:  <u>Mentoring Programs</u></p>		
<p><b>*12 Funding Opportunity Number:</b>          _____</p> <p>*Title:          _____</p>		
<p><b>13. Competition Identification Number:</b>          _____</p> <p>Title:          _____</p>		
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>          City of Carson</p>		
<p><b>*15. Descriptive Title of Applicant's Project:</b>          Carson, Camegie, &amp; Broadacres Mentoring Program</p>		

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier R9 Tracking # 06-421
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		DUNS # 025986159	
6. EMPLOYER IDENTIFICATION (EIN): 953099419		7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> N 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): <b>Regional Agency</b>	
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): 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: <b>66.001</b> TITLE: <b>Air Pollution Control Program Support</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2006-07 Air Pollution Control Program Support	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/01/06	09/30/07	25-49	25-49
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE: <b>5-23-07</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	
a. Federal	\$	4,402,139	
b. Applicant	\$	93,792,037	
c. State	\$	4,022,094	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	102,216,270	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: <b>Barry R. Wallerstein, D.Env.</b>		b. Title: <b>Executive Officer</b>	c. Telephone Number <b>(909) 396-2100</b>
d. Signature of Authorized Representative		e. Date Signed <b>8/11/06</b>	

**RECEIVED**  
MAY 23 2007

**STATE CLEARING HOUSE**

Application for Federal Assistance SF-424

Version 02

\*1. Type of Submission:

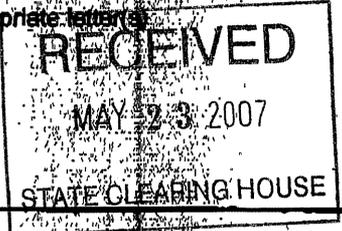
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\*a. Legal Name: Los Angeles Unified School District—District 3

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

95-6001908W

\*c. Organizational DUNS:

d. Address:

\*Street 1: 4120 11<sup>th</sup> Avenue

Street 2:

\*City: Los Angeles

County: Los Angeles

\*State: CA

Province:

\*Country: USA

\*Zip / Postal Code 90008

e. Organizational Unit:

Department Name:

District 3

Division Name:

Audubon Middle School

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

Prefix: Dr.

\*First Name: James

Middle Name:

\*Last Name: Downing

Suffix: III

Title: Principal

Organizational Affiliation:

Audubon Middle School

\*Telephone Number: 323-290-6301

Fax Number: 323-296-2433

\*Email: jdowning@lausd.k12.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

G

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Education

**11. Catalog of Federal Domestic Assistance Number:**84.184B

CFDA Title:

Mentoring Programs**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

South Los Angeles, Los Angeles County, California

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

Funding is sought to implement a mentoring program for at-risk boys attending Audubon Middle School utilizing male mentors and teachers and providing tutoring, mentoring, enrichment opportunities, parent education and facilitation of ongoing services upon matriculation into high school.

OMB Number: 4040-0104  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: 33

\*b. Program/Project: 33

17. Proposed Project:

\*a. Start Date: 07/01/2007

\*b. End Date: 06/31/2010

18. Estimated Funding (\$):

*a. Federal	_____	██████████
*b. Applicant	_____	██████████
*c. State	_____	██████████
*d. Local	_____	██████████
*e. Other	_____	██████████
*f. Program Income	_____	██████████
*g. TOTAL	_____	██████████

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

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

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

██████████

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

I AGREE

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

Authorized Representative:

Prefix: Mrs. \*First Name: Grace

Middle Name: \_\_\_\_\_

\*Last Name: Strauther

Suffix: \_\_\_\_\_

\*Title: Local District 3 Superintendent

\*Telephone Number: 310-253-7111 Fax Number: 310-842-9491

\*Email: grace.straughter@lausd.net

\*Signature of Authorized Representative: *Grace Straughter GA*

\*Date Signed: *5/2/09*

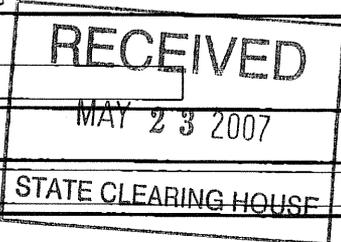
**Application for Federal Assistance SF-424**

Version 02

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

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

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



<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> SAFE PASSAGES
---------------------------------------

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 20-4535835	<b>* c. Organizational DUNS:</b> 091927272
--	---

<b>d. Address:</b>	
<b>* Street1:</b> 250 FRANK OGAWA PLZ #6306	_____
<b>Street2:</b>	_____
<b>* City:</b> OAKLAND	_____
<b>County:</b> ALAMEDA	_____
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b> 94612	_____

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> _____	<b>Division Name:</b> _____

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

<b>Prefix:</b> Dr.	<b>* First Name:</b> QUINTA
<b>Middle Name:</b>	_____
<b>* Last Name:</b> SEWARD	_____
<b>Suffix:</b>	_____

<b>Title:</b> DEVELOPMENT DIRECTOR
------------------------------------

<b>Organizational Affiliation:</b> SAFE PASSAGES
---

<b>* Telephone Number:</b> 510-238-4456	<b>Fax Number:</b> 419-791-1842
---	---------------------------------

<b>* Email:</b> qseward@oaklandnet.com
--

**Application for Federal Assistance SF-424**

Version 02

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

CITIES OF OAKLAND AND SAN LEANDRO, ALAMEDA COUNTY, CALIFORNIA

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

SAFE PASSAGES MENTORING PROJECT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="200,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

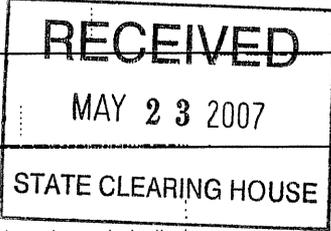
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424** Version 02

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



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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Plumas Rural Services
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2722880	* c. Organizational DUNS: 0000198679532
---	--

**d. Address:**

* Street1: 586 Jackson Street	Street2:
* City: Quincy	County: Plumas
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip / Postal Code: 95971

**c. Organizational Unit:**

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

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

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

Title: Executive Director
---------------------------

Organizational Affiliation:
-----------------------------

* Telephone Number: 530-283-3611	Fax Number: 530-283-3647
----------------------------------	--------------------------

* Email: mpillar@plumasruralservices.org
--

Application for Federal Assistance SF-424	Version 02
<b>9. Type of Applicant 1: Select Applicant Type:</b> M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify):	
<b>* 10. Name of Federal Agency:</b> U.S. Department of Education	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 64.184 CFDA Title: Safe and Drug-Free Schools and Communities_National Programs	
<b>* 12. Funding Opportunity Number:</b> ED-GRANTS-041107-001 * Title: Mentoring Programs CFDA 64.184B	
<b>13. Competition Identification Number:</b> 64-184B2007-1 Title:	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Plumas County	
<b>* 15. Descriptive Title of Applicant's Project:</b> Plumas County Strength through Assets Mentoring Program (Cross-Age Peer Mentoring)	
Attach supporting documents as specified in agency instructions. Add Attachments   Delete Attachments   View Attachments	

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-04	* b. Program/Project CA-04
Attach an additional list of Program/Project Congressional Districts if needed.		
Add Attachment		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2007	* b. End Date: 09/30/2008
<b>18. Estimated Funding (\$):</b>		
* a. Federal		168,140.00
* b. Applicant		0.00
* c. State		0.00
* d. Local		0.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		168,140.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2007		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:		* First Name: Michela
Middle Name:	Lynn	
* Last Name:	Piller	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	530-283-3611	* Fax Number: 530-283-3647
* Email:	mpiller@plumasruralservices.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify)

[Empty box]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

[Empty box]

RECEIVED

MAY 23 2007

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

B. APPLICANT INFORMATION:

STATE CLEARING HOUSE

\* a. Legal Name: San Diego State University Research Foundation

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

95-6042721

\* c. Organizational DUNS:

073371346

d. Address:

\* Street1:

5250 Campanile Drive

Street2:

[Empty box]

\* City:

San Diego

County:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92182-1931

e. Organizational Unit:

Department Name:

College of Engineering

Division Name:

MESA Schools Program

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

Prefix:

[Empty box]

\* First Name:

Gene

Middle Name:

L.

\* Last Name:

Stein

Suffix:

[Empty box]

Title:

Director

Organizational Affiliation:

Sponsored Research Development

\* Telephone Number:

(619) 594-5731

Fax Number:

[Empty box]

\* Email:

awards@foundation.sdsu.edu

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

San Diego County California

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

San Diego State University MESA (Math, Science, Engineering Achievement) Mentoring Program

Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>	
<b>16. Congressional Districts Of:</b>			
* a. Applicant	<input type="text" value="CA-053"/>	* b. Program/Project	<input type="text" value="CA-053"/>
Attach an additional list of Program/Project Congressional Districts if needed.			
<input type="text"/>	<input type="text" value="Add Attachment"/>	<input type="text" value="Delete Attachment"/>	<input type="text" value="Cancel Attachment"/>
<b>17. Proposed Project:</b>			
* a. Start Date:	<input type="text" value="06/01/2007"/>	* b. End Date:	<input type="text" value="05/30/2010"/>
<b>18. Estimated Funding (\$):</b>			
* a. Federal	<input type="text" value="575,416.00"/>		
* b. Applicant	<input type="text" value="0.00"/>		
* c. State	<input type="text" value="0.00"/>		
* d. Local	<input type="text" value="0.00"/>		
* e. Other	<input type="text" value="0.00"/>		
* f. Program Income	<input type="text" value="0.00"/>		
* g. TOTAL	<input type="text" value="575,416.00"/>		
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>			
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on		<input type="text" value="05/23/2007"/>
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="text" value=""/>			
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>			
<input checked="" type="checkbox"/>	** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>Authorized Representative:</b>			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Camille"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Nebeker"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="Director, Division of Research Affairs"/>		
* Telephone Number:	<input type="text" value="(619) 594-6622"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="awards@foundation.sdsu.edu"/>		
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:	<input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received: _____		4. Applicant Identifier: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> <b>RECEIVED</b>              MAY 23 2007              STATE CLEARING HOUSE           </div>
5a. Federal Entity Identifier: _____		*5b. Federal Award Identifier: _____
<b>State Use Only:</b>		
6. Date Received by State: _____		7. State Application Identifier: _____
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: The Cambodian Family		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3854831		*c. Organizational DUNS: 14-838-5024
<b>d. Address:</b>		
*Street 1: <u>1111 E. Wakeham Ave., Ste. E</u>		
Street 2: _____		
*City: <u>Santa Ana</u>		
County: _____		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code <u>92705</u>		
<b>e. Organizational Unit:</b>		
Department Name: N/A		Division Name: N/A
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <u>Mr.</u>		*First Name: <u>Sundaram</u>
Middle Name: _____		
*Last Name: <u>Rama</u>		
Suffix: _____		
Title: <u>Youth Coordinator</u>		
Organizational Affiliation: <u>The Cambodian Family</u>		
*Telephone Number: (714) 973-7184		Fax Number: (714) 571-1974
*Email: <u>sundaramr@cambodianfamily.org</u>		

**Application for Federal Assistance SF-424**

Version 02

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

N

**Type of Applicant 2: Select Applicant Type:**

S

**Type of Applicant 3: Select Applicant Type:**

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Education, Office of Safe and Drug-Free Schools

**11. Catalog of Federal Domestic Assistance Number:**

84.184B

**CFDA Title:**

Mentoring Programs

**\*12 Funding Opportunity Number:**

N/A

**\*Title:**

N/A

**13. Competition Identification Number:**

N/A

**Title:**

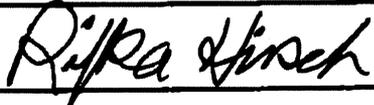
N/A

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

Santa Ana, CA – Orange County, CA

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

The Cambodian Family Mentoring Program

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-047	*b. Program/Project: CA-047, -042, -044, -046, -048	
<b>17. Proposed Project:</b>		
*a. Start Date: October 1, 2007	*b. End Date: September 30, 2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$150,000	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	\$150,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>May 23, 2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: <u>Ms.</u>	*First Name: <u>Rifka</u>	
Middle Name: _____		
*Last Name: <u>Hirsch</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: (714) 571-1966	Fax Number: (714) 571-1974	
* Email: rhcamfam@aol.com		
*Signature of Authorized Representative: 	*Date Signed: May 23, 2007	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>	
<b>SF 424 (R&amp;R)</b>		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b>		<b>4. Federal Identifier</b>		
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		DE-FG02-92ER40701		
<b>5. APPLICANT INFORMATION</b>				
* Legal Name: California Institute of Technology		* Organizational DUNS: 0095842100000		
Department: Office of Sponsored Research	Division:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            MAY 24 2007            STATE CLEARING HOUSE         </div>		
* Street1: 1200 E. California Blvd., Mail Code 201-15	Street2:			
* City: Pasadena	County: Los Angeles			* State: CA: Califon
Province:	* Country: UNITED ST			* ZIP / Postal Code: 91125
Person to be contacted on matters involving this application				
Prefix: Ms	* First Name: Lucy	Middle Name:	* Last Name: Molina	
* Phone Number: 626-395-2372		Fax Number: 626-795-4571	Email: Lucy.Molina@caltech.edu	
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b>		<b>7. * TYPE OF APPLICANT:</b>		
95-1843307		O: Private Institution of Higher Education		
<b>8. * TYPE OF APPLICATION:</b>		Other (Specify)		
<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Small Business Organization Type		
		<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es).		<b>9. * NAME OF FEDERAL AGENCY:</b>		
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		Chicago Service Center		
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>		
What other Agencies?		81.049		
		TITLE: Office of Science Financial Assistance Program		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>				
Report of Research Accomplishments and Future Goals for FY 2008 - FY2010 High Energy Physics				
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b>				
USA				
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
* Start Date	* Ending Date	a. * Applicant	b. * Project	
11/01/2007	10/20/2010	CA-29	US-all	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>				
Prefix: Prof.	* First Name: David	Middle Name: G.	* Last Name: Hitlin	
Position/Title: Professor	* Organization Name: California Institute of Technology			
Department: High Energy Physics	Division:			
* Street1: 1200 E. California Blvd., Mail Code 356-48	Street2:			
* City: Pasadena	County: Los Angeles	* State: CA: Califon		
Province:	* Country: UNITED ST	* ZIP / Postal Code: 91125		
* Phone Number: 626-395-6694	Fax Number: 626 795 3651	* Email: hitlin@hep.caltech.edu		

# SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	13,533,000.00	a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	13,533,000.00	DATE:	
c. * Estimated Program Income	13,533,000.00	b. NO	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

\* I agree

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

**19. Authorized Representative**

Prefix: Ms    \* First Name: Lucy    Middle Name:    \* Last Name: Molina    Suffix:

\* Position/Title: Contract and Grant Analyst    \* Organization: California Institute of Technology

Department: Office of Sponsored Research    Division:

\* Street1: 1200 E. California Blvd., Mail Code 201-15    Street2:

\* City: Pasadena    County: Los Angeles    \* State: CA: Californ

Province:    \* Country: UNITED ST    \* ZIP / Postal Code: 91125

\* Phone Number: 626-395-2372    Fax Number: 626-795-4571    \* Email: Lucy.Molina@caltech.edu

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

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

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

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

RECEIVED

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

MAY 24 2007

## State Use Only:

STATE CLEARING HOUSE

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: **Central Valley Opportunity Center, Inc.**

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

94-2581331

## \* c. Organizational DUNS:

023079114

## d. Address:

\* Street1: **6838 Bridget Court, P.O. Box 1389**

Street2:

\* City: **Winton**County: **Merced**\* State: **California**

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: **95388**

## e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: **Mr.**\* First Name: **Ernie**

Middle Name:

\* Last Name: **Flores**

Suffix:

Title: **Executive Director**

Organizational Affiliation:

\* Telephone Number: **(209) 357-0062**Fax Number: **(209) 357-0071**\* Email: **efcvoc@aol.com**

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant **18 & 19**

\* b. Program/Project **18 & 19**

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

**17. Proposed Project:**

\* a. Start Date: **07/01/2007**

\* b. End Date: **06/30/2008**

**18. Estimated Funding (\$):**

* a. Federal	<b>\$1,830,500.00</b>
* b. Applicant	<b>\$0.00</b>
* c. State	<b>\$0.00</b>
* d. Local	<b>\$0.00</b>
* e. Other	<b>\$0.00</b>
* f. Program Income	<b>\$0.00</b>
* g. TOTAL	<b>\$1,830,500.00</b>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **05/24/2007**.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: **Mr.** \* First Name: **Ernie**

Middle Name:

\* Last Name: **Flores**

Suffix:

\* Title: **Executive Director**

\* Telephone Number: **(209) 357-0062** Fax Number: **(209) 357-0071**

\* Email: **efcvoc@aol.com**

\* Signature of Authorized Representative:  \* Date Signed:

## PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/19/07	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER: <b>RECEIVED</b> MAY 24 2007
2b. APPLICATION ID: 07SR076431	4. DATE RECEIVED: 04/19/07	GRANT NUMBER: STATE CLEARING HOUSE
5. APPLICATION INFORMATION		
LEGAL NAME: County of Sacramento Department of Human Assistance DUNS NUMBER: 143606339	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Laureen Anderson TELEPHONE NUMBER: (916) 875-3664 FAX NUMBER: (916) 875-3799 INTERNET E-MAIL ADDRESS: andersonl@saccounty.net	
ADDRESS (give street address, city, state and zip code): 2433 Marconi Avenue Sacramento CA 95821 - 4807	7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Local Government, Municipal	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000529	8. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</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	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Sacramento	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program	12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Sacramento and Placer Counties	
13. PROPOSED PROJECT: START DATE: 07/01/07      END DATE: 06/30/10	14. PERFORMANCE PERIOD: START DATE:      END DATE:	
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 28-APR-07	
a. FEDERAL      \$ 111,332.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
b. APPLICANT      \$ 87,512.00		
c. STATE      \$ 0.00		
d. LOCAL      \$ 87,512.00		
e. OTHER      \$ 0.00		
f. PROGRAM INCOME      \$ 0.00		
g. TOTAL      \$ 188,844.00		
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 Karla Crawford <i>Karla Crawford</i>	b. TITLE: Program Manager, Volunteer Services	c. TELEPHONE NUMBER: (916) 875-3582
		d. DATE: 04/19/07

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:



5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

MAY 23 2007

**State Use Only:**

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Norwalk-La Mirada Unified School District

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-8002228

\*c. Organizational DUNS:  
077977072

**d. Address:**

\*Street 1: 12820 Pioneer Boulevard

Street 2: \_\_\_\_\_

\*City: Norwalk

County: Los Angeles

\*State: CA

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code: 90650

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: \_\_\_\_\_

\*First Name: Chris

Middle Name: \_\_\_\_\_

\*Last Name: Forehan

Suffix: \_\_\_\_\_

Title: Area Superintendent

Organizational Affiliation:  
Norwalk-La Mirada Unified School District

\*Telephone Number: 562-868-0431

Fax Number: 562-864-7541

\*Email: cforehan@nlmusd.k12.ca.us

**Application for Federal Assistance SF-424**

Version 02

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

G. Independent School District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

City of Norwalk & La Mirada

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

Norwalk/La Mirada Mentoring Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: 38<sup>th</sup>

\*b. Program/Project: 38<sup>th</sup>

17. Proposed Project:

\*a. Start Date: 10/07

\*b. End Date: 09/08

18. Estimated Funding (\$):

*a. Federal	156,601
*b. Applicant	25,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	181,601

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/23/07
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: \_\_\_\_\_ \*First Name: Ginger

Middle Name: \_\_\_\_\_

\*Last Name: Shattuck

Suffix: \_\_\_\_\_

\*Title: Superintendent

\*Telephone Number: (562) 868-0431

Fax Number: (562) 864-7541

\* Email: gshattuck@nlmusd.k12.ca.us

\*Signature of Authorized Representative: *Ginger Shattuck*

\*Date Signed: 5/23/07

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application \* If Revision, select appropriate letter(s)

- New
- Continuation
- Revision
- \*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:  
DUNS #01431794

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Orange County Children's Therapeutic Arts Center

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
#33-0930891

\*c. Organizational DUNS:  
#01431794

**d. Address:**

\*Street 1: 2215 N Broadway

Street 2: \_\_\_\_\_

\*City: Santa Ana

County: Orange

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code 92706

**e. Organizational Unit:**

Department Name:  
Not Applicable

Division Name:

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

Prefix: Dr. \*First Name: Ana

Middle Name: \_\_\_\_\_

\*Last Name: Jimenez-Hami

Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:

\*Telephone Number: 714/547-5468

Fax Number: 714/564-9690

\*Email: ana@occtac.org

**Application for Federal Assistance SF-424**

Version 02

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

M. Nonprofit with 501C3 IRS Status (other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Education—Office of Safe and Drug Free School

**11. Catalog of Federal Domestic Assistance Number:**

CFDE #84.184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

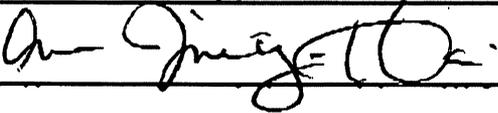
Title:

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

Orange County: Santa Ana

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

~~OCCTAC~~ OCCTAC MENTORING PROGRAM

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-47		*b. Program/Project: CA-47
<b>17. Proposed Project:</b>		
*a. Start Date: October 2007 (depending on award date)		*b. End Date: September 2010
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>148,504.00</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	<u>148,504.00</u>	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>May 23, 2007</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: <u>Dr.</u>	*First Name: <u>Ana</u>	
Middle Name:    _____		
*Last Name: <u>Jimenez-Hami</u>		
Suffix:            _____		
*Title: Executive Director		
*Telephone Number: 714/547-5468		Fax Number: 714/564-9690
* Email: ana@occtac.org		
*Signature of Authorized Representative: 		*Date Signed: May 23, 2007

Application for Federal Assistance SF-424

Version 02

\*1. Type of Submission:

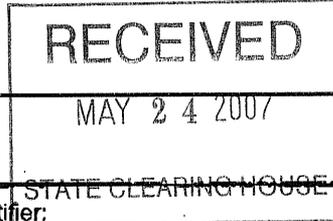
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\*a. Legal Name: Magnolia School District

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-6002005

\*c. Organizational DUNS:  
03 990 7811

d. Address:

\*Street 1: 2705 West Orange Avenue  
 Street 2: \_\_\_\_\_  
 \*City: Anaheim  
 County: Orange  
 \*State: California  
 Province: \_\_\_\_\_  
 \*Country: USA  
 \*Zip / Postal Code: 92804

e. Organizational Unit:

Department Name:  
Student Learning

Division Name:  
Not Applicable

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

Prefix: Mr. \*First Name: Dan  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Copple  
 Suffix: \_\_\_\_\_

Title: Assistant Superintendent of Schools

Organizational Affiliation:  
Magnolia School District

\*Telephone Number: 714-761-5533

Fax Number: 714-827-0418

\*Email: dcopple@msd.k12.us

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>*9. Type of Applicant 1: Select Applicant Type:</b> G Independent School District  Type of Applicant 2: Select Applicant Type:  Type of Applicant 3: Select Applicant Type:  *Other (Specify)	
<b>*10 Name of Federal Agency:</b> Office of Safe and Drug-Free Schools	
<b>11. Catalog of Federal Domestic Assistance Number:</b> #84.184B  CFDA Title: Mentoring Programs	
<b>*12 Funding Opportunity Number:</b> Not Applicable  *Not Applicable	
<b>13. Competition Identification Number:</b> Not Applicable  Title: Not Applicable	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> City of Anaheim, CA in the County of Orange	
<b>*15. Descriptive Title of Applicant's Project:</b> Team GOI -- A mentoring program operating within the framework of a five day a week after school program in a collaborative mode that includes an elementary (Magnolia School District) and high school district (Anaheim Union High School District) and a community based organization (Tiger Woods Learning Center) designed to increase greatest needs, (primarily Hispanic) 5 <sup>th</sup> -8 <sup>th</sup> grade students' academic, social, and goal-setting skills while encouraging them to pursue rewarding career options requiring postsecondary pursuits and embracing the responsibilities of citizenship.	

**16. Congressional Districts Of:**

\*a. Applicant: CA-047

\*b. Program/Project: CA-047

**17. Proposed Project:**

\*a. Start Date: September 1, 2007

\*b. End Date: August 31, 2010

**18. Estimated Funding (\$):**

*a. Federal	\$156,995
*b. Applicant	-0-
*c. State	-0-
*d. Local	-0-
*e. Other	-0-
*f. Program Income	-0-
*g. TOTAL	\$156,995

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on May 22, 2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Paul

Middle Name: \_\_\_\_\_

\*Last Name: Mercier

Suffix: \_\_\_\_\_

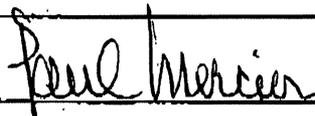
\*Title: Superintendent of Schools

\*Telephone Number: (714) 761-5533

Fax Number: (714) 826-8563

\* Email: pmercier@msd.k12.ca.us

\*Signature of Authorized Representative:



\*Date Signed: May 22, 2007

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- X Application
- Changed/Corrected Application

\*2. Type of Application

- X New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Apple Valley Unified School District

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

\*c. Organizational DUNS:  
057519209

**d. Address:**

\*Street 1: 22974 Bear Valley Road

Street 2: \_\_\_\_\_

\*City: Apple Valley

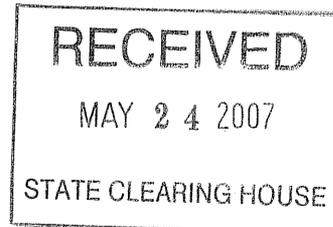
County: San Bernardino

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code 92308-7423



**e. Organizational Unit:**

Department Name:  
Curriculum and Instruction

Division Name:  
NA

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

Prefix: Ms. \*First Name: Trenae

Middle Name: \_\_\_\_\_

\*Last Name: Nelson

Suffix: \_\_\_\_\_

Title: Assistant Superintendent

Organizational Affiliation:  
Apple Valley Unified School District

\*Telephone Number: 760-247-8001

Fax Number: 760-247-1121

\*Email: Trenae\_Nelson@avusd.org

**16. Congressional Districts Of:**

\*a. Applicant: 41st

\*b. Program/Project: 41st

**17. Proposed Project:**

\*a. Start Date: 7/1/2007

\*b. End Date: 6/30/2010

**18. Estimated Funding (\$):**

*a. Federal	\$200,000.00
*b. Applicant	\$100,000.00
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	\$300,000.00

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**X a. This application was made available to the State under the Executive Order 12372 Process for review on 5/23/07 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E. O. 12372**20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)** Yes      X No

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

X \*\* I AGREE

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

**Authorized Representative:**

Prefix: Dr. \_\_\_\_\_ \*First Name: Robert \_\_\_\_\_

Middle Name:

\*Last Name: Seevers \_\_\_\_\_

Suffix:

\*Title: Superintendent

\*Telephone Number: 760-247-8001

Fax Number: 760-247-1121

\* Email: Robert\_Seevers@avusd.org

\*Signature of Authorized Representative:



\*Date Signed: 5/22/2007

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Big Brothers Big Sisters of San Diego County

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

95-2151526

\*c. Organizational DUNS:

961876430

**d. Address:**

\*Street 1: 8515 Arjons Drive, Suite A

Street 2: \_\_\_\_\_

\*City: San Diego

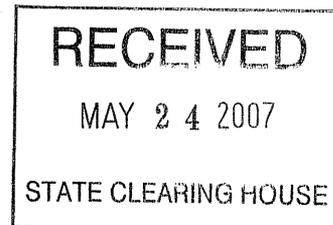
County: San Diego County

\*State: California

Province: \_\_\_\_\_

\*Country: United States

\*Zip / Postal Code 92126



**e. Organizational Unit:**

Department Name:

Development

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Rachel

Middle Name: Amalie

\*Last Name: Weil

Suffix: \_\_\_\_\_

Title: Corporate and Foundation Grants Manager

Organizational Affiliation:

\*Telephone Number: 858-536-4900 extension 271

Fax Number: 858-536-8028

\*Email: [rachelw@sdbigs.org](mailto:rachelw@sdbigs.org)

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Education, Office of Safe and Drug Free Schools

**11. Catalog of Federal Domestic Assistance Number:**

84.184B \_\_\_\_\_

CFDA Title:

Mentoring Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

Mentoring Program Grant \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

Mentoring Program Grant \_\_\_\_\_

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

San Diego County, California

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

Big Brothers Big Sisters of San Diego County School Based Mentoring Program

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-049, CA-050, CA-051, CA-052, CA-053      \*b. Program/Project: CA-049, CA-050, CA-051, CA-052, CA-053

**17. Proposed Project:**

\*a. Start Date: 09/2007      \*b. End Date: 09/2010

**18. Estimated Funding (\$):**

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/21/07
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr.      \*First Name: Paul

Middle Name: \_\_\_\_\_

\*Last Name: Palmer

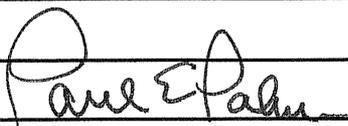
Suffix: \_\_\_\_\_

\*Title: CEO/President

\*Telephone Number: 858-536-4900 extension 203      Fax Number: 858-536-8028

\* Email: paulp@sdbigs.org

\*Signature of Authorized Representative:



\*Date Signed: 5-18-07

**Application for Federal Assistance SF-424**

Version 02

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

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

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

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Community Action Partnership of Sonoma County

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-164-8949	<b>* c. Organizational DUNS:</b> 078769312
---	---

**d. Address:**

<b>* Street1:</b> 1300 N Dutton Ave	<b>RECEIVED</b> MAY 24 2007 STATE CLEARING HOUSE
<b>Street2:</b> _____	
<b>* City:</b> Santa Rosa	
<b>County:</b> _____	
<b>* State:</b> CA: California	
<b>Province:</b> _____	
<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 95401	

**e. Organizational Unit:**

<b>Department Name:</b> Youth and Neighborhood Service	<b>Division Name:</b> LeadershipWorks
---	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> Debra
<b>Middle Name:</b> Kai	
<b>* Last Name:</b> Nissley	
<b>Suffix:</b> _____	

**Title:** Deputy Director

**Organizational Affiliation:**  
Community Action Partnership of Sonoma County

<b>* Telephone Number:</b> 707 544 6911	<b>Fax Number:</b> 707 526 2918
---	---------------------------------

**\* Email:** KNissley@CAPSonoma.org

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

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

Leadership Works

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="161,961.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="319,761.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="481,722.00"/>

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

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

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

Yes  No

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

**\*\* I AGREE**

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

5 H79 SP12215-05

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Amador Tuolumne Community Action Agency

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

94-2765408

\*c. Organizational DUNS:

1844224034

**d. Address:**

\*Street 1: 935 S. State Highway 49

Street 2: \_\_\_\_\_

\*City: Jackson

County: Amador

\*State: California

Province: \_\_\_\_\_

\*Country: U.S.A.

\*Zip / Postal Code 95642



**e. Organizational Unit:**

Department Name:

Youth and Family Programs

Division Name:

A-TCAA Community Programs

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

Prefix: Ms. \*First Name: Elena

Middle Name: Marie

\*Last Name: Linehan

Suffix: \_\_\_\_\_

Title: Youth and Family Programs Director

Organizational Affiliation:

Amador Tuolumne Community Action Agency

\*Telephone Number: (209) 533-1397 x229

Fax Number: (209) 533-1034

\*Email: elinehan@atcaa.org

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

Joint Powers Agreement

**\*10 Name of Federal Agency:**

Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184B \_\_\_\_\_

CFDA Title:

Mentoring Programs \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Amador County of California

Calaveras County of California

Tuolumne County of California

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

A.C.T. Together Mentoring Program is a collaborative partnership between applicant Amador-Tuolumne Community Action Agency and the Calaveras County Office of Education. We propose to serve at least 115 students each year in rural, isolated communities in Amador, Calaveras and Tuolumne Counties in the Sierra Foothills of California.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-003

\*b. Program/Project: CA-003 and CA-019

**17. Proposed Project:**

\*a. Start Date: October 1, 2007

\*b. End Date: September 30, 2010

**18. Estimated Funding (\$):**

*a. Federal	_____	\$200,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$200,000

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

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

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms.      \*First Name: Shelly

Middle Name: \_\_\_\_\_

\*Last Name: Hance

Suffix: \_\_\_\_\_

\*Title: Executive Director, Amador Tuolumne Community Action Agency

\*Telephone Number: (209) 533-1397

Fax Number: (209) 533-1034

\* Email: shance@atcaa.org

\*Signature of Authorized Representative: 

\*Date Signed: 5/21/07

**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 <b>05/15/2007</b>	DUNS NUMBER:112235184 4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number <b>B07-UC-06-0009</b>

7. Applicant's Legal Name <b>SAN JOAQUIN COUNTY</b>	8. Organizational Unit <b>COMMUNITY DEVELOPMENT DEPARTMENT</b>
--	---

9. Address (give city, county, State, and zip code) A. Address: <b>1810 E. HAZELTON AVENUE</b> B. City: <b>STOCKTON</b> C. County: <b>SAN JOAQUIN</b> D. State: <b>CA</b> E. Zip Code: <b>95205</b>	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: <b>KAREN STEVENS</b> B. Title: <b>MANAGEMENT ANALYST III</b> C. Phone: <b>209-468-3139</b> D. Fax: <b>209-468-3163</b> E. E-mail: <b>kstevens@sjgov.org</b>
--	--

11. Employer Identification Number (EIN) or SSN <b>94-6000531</b>	12. Type of Applicant (enter appropriate letter in box) <b>B</b> 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. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)
--	---

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  
**14 --- 218**

Title: **COMMUNITY DEVELOPMENT BLOCK GRANT**  
Component Title:

16. Descriptive Title of Applicant's Program  
**2007-08 ENTITLEMENT STATEMENT FOR SAN JOAQUIN COUNTY AND PARTICIPATING CITIES. ACTIVITIES INCLUDE PUBLIC WORKS AND FACILITIES, HOUSING REHABILITATION, PUBLIC SERVICES, ACQUISITION, ADMINISTRATION AND PLANNING.**

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) **COUNTY OF SAN JOAQUIN; CITIES ESCALON, LATHROP, LODI, MANTECA, RIPON, TRACY, CA**

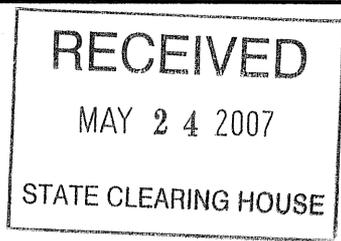
18a. Proposed Program start date <b>07/01/2007</b>	18b. Proposed Program end date <b>06/30/2008</b>
---	---

19a. Congressional Districts of Applicant <b>14 &amp; 18</b>	19b. Congressional Districts of Program <b>14 &amp; 18</b>
---	---

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: 4/12/07  
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.



**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Napa County Office of Education

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

94-6002406

\*c. Organizational DUNS:

876947342

**d. Address:**

\*Street 1: 2121 Imola Avenue

Street 2: \_\_\_\_\_

\*City: Napa

County: Napa

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code 94559



**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Terry

Middle Name: \_\_\_\_\_

\*Last Name: Longoria

Suffix: \_\_\_\_\_

Title:

Organizational Affiliation:

Napa County Office of Education

\*Telephone Number: (707) 259-5979

Fax Number: (707) 226-6842

\*Email: tlongoria@ncoe.k12.ca.us

**Application for Federal Assistance SF-424** Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**  
B.County Government  
Type of Applicant 2: Select Applicant Type:  
Type of Applicant 3: Select Applicant Type:  
  
\*Other (Specify)

**\*10 Name of Federal Agency:**  
Office of Safe and Drug Free Schools

**11. Catalog of Federal Domestic Assistance Number:**  
84.184B \_\_\_\_\_  
CFDA Title:  
Mentoring Programs \_\_\_\_\_

**\*12 Funding Opportunity Number:**  
\_\_\_\_\_  
  
\*Title:  
\_\_\_\_\_

**13. Competition Identification Number:**  
\_\_\_\_\_  
Title:  
\_\_\_\_\_

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

**\*15. Descriptive Title of Applicant's Project:**  
Youth Leadership Mentoring Program

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: First District		*b. Program/Project: First District
<b>17. Proposed Project:</b>		
*a. Start Date: 10/1/07		*b. End Date: 9/30/10
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$ 200,000	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$200,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>May 23, 2007</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: <u>Dr.</u>	*First Name: <u>Barbara</u>	
Middle Name: _____		
*Last Name: <u>Nemko</u>		
Suffix: <u>Ph.D.</u>		
*Title: Superintendent		
*Telephone Number: (707) 253-6810		Fax Number: (707) 253-2156
* Email: <u>bnemko@ncoe.k12.ca.us</u>		
*Signature of Authorized Representative: <i>Barbara Nemko</i>		*Date Signed: 5/23/07

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> May 22, 2007	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Children's Empowerment, Inc.		<b>Organizational Unit:</b> Department:		
Organizational DUNS: 009960688		Division:		
<b>Address:</b> Street: 480 Collins Ave., Suite J		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Colma		Prefix: Mr.	First Name: Spencer	
County: San Mateo		Middle Name		
State: CA		Last Name Holeman		
Zip Code 94014-3208	Suffix:			
Country: USA		Email: sh@ceisf.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 3 3 2 9 5 6 1		Phone Number (give area code) 650-994-4200	Fax Number (give area code) 650-994-6798	
<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) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): FY 2007 Mentoring Programs 8 4 - 1 8 4		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Education		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Daly City, San Mateo County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> CEI Mentoring Program		
<b>13. PROPOSED PROJECT</b> Start Date: 9/01/2007		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant California 12th District		
Ending Date: 7/31/2010		b. Project California 12th District		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 150,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 22, 2007		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 150,000.00			
<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. Authorized Representative				
Prefix Mr.	First Name Spencer	Middle Name		
Last Name Holeman	Suffix			
b. Title Executive Director	c. Telephone Number (give area code) 650-994-4200			
d. Signature of Authorized Representative <i>Spencer Holeman</i>	e. Date Signed May 22, 2007			

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 6-0006

Version 7/03

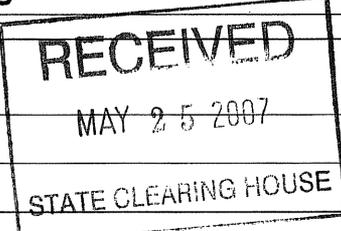
2. DATE SUBMITTED <i>5/23/07</i>	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:  
Application

Construction       Construction  
 Non-Construction       Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: Russian River County Water District	Organizational Unit: Department:
Organizational DUNS: <i>039045435</i>	Division:
Address: Street: P.O. Box 954	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.      First Name: John
City: Forestville	Middle Name
County: Sonoma	Last Name Locey
State: California      Zip Code 95436	Suffix:
Country: USA	Email: locey@brce.com



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

68-0328132

Phone Number (give area code) (707) 576-1322	Fax Number (give area code) (707) 576-0469
---	---

**8. TYPE OF APPLICATION:**

New       Continuation       Revision

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

Other (specify)

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

G (Special District)

Other (specify)

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

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

10-760

TITLE (Name of Program):  
Water and Waste Disposal Loan and Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Annexation 2005-01 Improvement Project  
(Rural Canyon Neighborhood)

See Attachment A.

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

Sonoma County, California

**13. PROPOSED PROJECT**

Start Date: 5/1/08      Ending Date: 11/30/08

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 1st      b. Project 1st

**15. ESTIMATED FUNDING:**

a. Federal	\$	1,040,000 <sup>00</sup>
b. Applicant	\$	0 <sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local	\$	0 <sup>00</sup>
e. Other	\$	0 <sup>00</sup>
f. Program Income	\$	0 <sup>00</sup>
g. TOTAL	\$	1,040,000 <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: *5/22/07*

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.       No

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

**a. Authorized Representative**

Prefix Mr.	First Name Wayne	Middle Name
Last Name Gibb	Suffix	
b. Title President, Board of Directors	c. Telephone Number (give area code) (707) 887-7735	
d. Signature of Authorized Representative <i>Wayne D. Gibb</i>	e. Date Signed 4/24/07	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

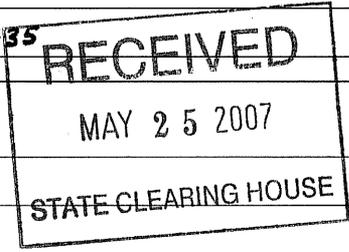
OMB Approved No. 16-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>2. DATE SUBMITTED</b> 5/23/07	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: Russian River County Water District	<b>Organizational Unit:</b> Department:
Organizational DUNS: 039045435	Division:
<b>Address:</b> Street: P.O. Box 954	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: John
City: Forestville	Middle Name
County: Sonoma	Last Name: Locey
State: California Zip Code: 95436	Suffix:
Country: USA	Email: locey@brce.com



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0328132	Phone Number (give area code): (707) 576-1322	Fax Number (give area code): (707) 576-0469
---	---	---

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

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-760	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Annexation 2005-01 Improvement Project (Marigold Neighborhood) See Attachment A.
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Sonoma County, California	<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development

<b>13. PROPOSED PROJECT</b> Start Date: 5/1/08    Ending Date: 11/30/08	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1st    b. Project 1st
--	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 394,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/22/07
b. Applicant \$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 394,000.00	

**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.**

<b>a. Authorized Representative</b>		
Prefix Mr.	First Name Wayne	Middle Name
Last Name Gibb	Suffix	
<b>b. Title</b> President, Board of Directors	<b>c. Telephone Number (give area code)</b> (707) 887-7735	
<b>d. Signature of Authorized Representative</b> <i>Wayne R. Gibb</i>	<b>e. Date Signed</b> 4/24/07	

<b>Application for Federal Assistance SF-424</b>		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application    * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation        *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<b>B. APPLICANT INFORMATION:</b>		
*a. Legal Name: <u>PRECISION DRILL MINISTRIES</u>		
*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>52-2377948</u>		*c. Organizational DUNS: <u>149532876</u>
*d. Address:		
*Street 1: <u>ONE EASTMONT TOWN CENTER</u> Street 2: <u>7200 BANCROFT AVE SUITE 137</u> *City: <u>OAKLAND</u> County: <u>ALAMEDA</u> *State: <u>CALIFORNIA</u> Province: _____ *Country: <u>USA</u> *Zip / Postal Code: <u>94605</u>		
*e. Organizational Unit:		
Department Name:		Division Name:
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>MS.</u>	*First Name: <u>Kim</u>	
Middle Name: <u>R.</u>		
*Last Name: <u>HYDE</u>		
Suffix: _____		
Title: <u>EXECUTIVE DIRECTOR</u>		
Organizational Affiliation:		
*Telephone Number: <u>510-435-8328</u>		Fax Number:
*Email: <u>KimHydePDM@SBCglobal.NET</u>		

Application for Federal Assistance SF-424

Version 02

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

NONPROFIT With 501C3 IRS status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)



\*10 Name of Federal Agency:

U. S. DEPARTMENT of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

SAFE AND DRUG-FREE Schools & Communities - National program

\*12 Funding Opportunity Number:

ED-GRANTS-041107-001

Title:

MENTORING Program CFDA 84.184B

13. Competition Identification Number:

84-184B2007-1

Title:

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

Oakland, CALIFORNIA, Alameda County

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

PRECISION DRILL MINISTRIES "Positive Role Models" Educational Mentoring Program

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

<b>Application for Federal Assistance SF-424</b>		Version 02
16. Congressional Districts Of: <u>09-CA</u>		
*a. Applicant:	*b. Program/Project: <u>CA-09</u>	
17. Proposed Project:		
*a. Start Date: <u>11/01/2007</u>	*b. End Date: <u>11/01/2010</u>	
18. Estimated Funding (\$):		
*a. Federal	<u>150,000.00</u>	
*b. Applicant	<u>10,000.00</u>	
*c. State	<u>50,000.00</u>	
*d. Local	<u>5,000.00</u>	
*e. Other	<u>5,000.00</u>	
*f. Program Income	<u>5,000.00</u>	
*g. TOTAL	<u>300,000.00</u>	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: <u>MS.</u>	*First Name: <u>Kim</u>	
Middle Name: <u>R.</u>		
*Last Name: <u>HYDE</u>		
Suffix: _____		
*Title: <u>EXECUTIVE DIRECTOR</u>		
*Telephone Number: <u>510-435-8328</u>	Fax Number: <u>510-383-9248</u>	
*Email: <u>KimHydePDM@SBCglobal.net</u>		
*Signature of Authorized Representative: <u>Kim R. Hyde</u>		*Date Signed: <u>May 17, 2007</u>

OMB Number: 4010-0004  
Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)

RECEIVED

MAY 25 2007

STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\*a. Legal Name: PRECISION DRILL MINISTRIES

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
52-2377948

\*c. Organizational DUNS: 149532876

d. Address:

\*Street 1: ONE EASTMONT TOWN CENTER  
 Street 2: 7200 BANCROFT AVE suite 137  
 \*City: Oakland  
 County: Alameda  
 \*State: CALIFORNIA  
 Province: \_\_\_\_\_  
 \*Country: USA  
 \*Zip / Postal Code: 94605

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: MS. \*First Name: Kim  
 Middle Name: R.  
 \*Last Name: HYDE  
 Suffix: \_\_\_\_\_

Title: EXECUTIVE DIRECTOR

Organizational Affiliation:

\*Telephone Number: 510-435-8328 Fax Number:

\*Email: KimHydePDM@SBCglobal.NET

Application for Federal Assistance SF-424

Version 02

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

NONPROFIT WITH 501C3 IRS status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

U. S. DEPARTMENT of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

SAFE AND DRUG-FREE SCHOOLS & COMMUNITIES - NATIONAL PROGRAM

\*12 Funding Opportunity Number:

ED-GRANTS-041107-001

\*Title:

MENTORING PROGRAM CFDA 84.184B

13. Competition Identification Number:

84-184B2507-1

Title:

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

OAKLAND, CALIFORNIA, ALAMEDA COUNTY

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

PRECISION DRILL MINISTRIES "POSITIVE ROLE MODELS"  
EDUCATIONAL MENTORING PROGRAM

Application for Federal Assistance SF-424

16. Congressional Districts Of: 09-CA

\*a. Applicant:

\*b. Program/Project: CA-09

17. Proposed Project:

\*a. Start Date: 11/01/2007

\*b. End Date: 11/01/2010

18. Estimated Funding (\$):

*a. Federal	150,000.00
*b. Applicant	10,000.00
*c. State	50,000.00
*d. Local	5,000.00
*e. Other	5,000.00
*f. Program Income	
*g. TOTAL	300,000.00

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

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

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: MS. \*First Name: Kim  
 Middle Name: R.  
 \*Last Name: HYDE  
 Suffix:

Title: EXECUTIVE DIRECTOR

\*Telephone Number: 510-435-8328 Fax Number: 510-383-9248

\*Email: KimHydePDM@SBCglobal.NET

\*Signature of Authorized Representative: Kim R. Hyde

\*Date Signed: May 17, 2007

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

- Pre-application  Application  
 Changed/Corrected Application

4. Federal Identifier

DE-FG02-92ER40701

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 0095842100000

\* Legal Name: California Institute of Technology

Department: Office of Sponsored Research

Division:

\* Street1: 1200 E. California Blvd., Mail Code 201-15

Street2:

\* City: Pasadena

County: Los Angeles

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 91125

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Lucy

Molina

\* Phone Number: 626-395-2372

Fax Number: 626-795-4571

Email: Lucy.Molina@caltech.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-1643307

## 7. \* TYPE OF APPLICANT:

O: Private Institution of Higher Education

Other (Specify):

B. \* TYPE OF APPLICATION:  New Resubmission  Renewal  Continuation  Revision

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

\* Is this application being submitted to other agencies? Yes  No 

What other Agencies?

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Report Of Research Accomplishments and Future Goals FY05 - FY07

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

USA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

11/01/2006

10/30/2007

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-28

US-all

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Prof. David

G

Hitlin

Position/Title: Professor

\* Organization Name: California Institute of Technology

Department: High Energy Physics

Division:

\* Street1: 1200 E. California Blvd., Mail Code 201-15

Street2:

\* City: Pasadena

County: Los Angeles

\* State: CA: Californ

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 91125

\* Phone Number: 626-395-2372

Fax Number: 626-795-4571

\* Email: hitlin@hep.caltech.edu

RECEIVED

MAY 25 2007

STATE CLEARING HOUSE

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

**SE 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text" value="55,000.00"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text" value="55,000.00"/></p> <p>c. * Estimated Program Income <input type="text" value="55,000.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="05/25/2007"/></p> <p>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</p>
---	---

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

\* I agree

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

**19. Authorized Representative**

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Lucy		Molina	
* Position/Title:	Contract and Grant Analyst		* Organization:	California Institute of Technology
Department:	Office of Sponsored Research		Division:	
* Street1:	1200 E. California Blvd., Mail Code 201-15		Street2:	
* City:	Pasadena	County:	Los Angeles	* State:
Province:		* Country:	UNITED ST	* ZIP / Postal Code:
* Phone Number:	626-395-2372	Fax Number:	626-795-4571	* Email:
	Lucy.Molina@caltech.edu			
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application

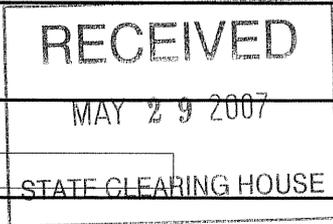
21. Attach an additional list of Project Congressional Districts if needed.

**Application for Federal Assistance SF-424**

Version 02

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

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



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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-2219412"/>	* c. Organizational DUNS: <input type="text" value="084516772"/>
--	---

**d. Address:**

\* Street1:   
Street2: \_\_\_\_\_  
\* City:   
County:   
\* State:   
Province: \_\_\_\_\_  
\* Country:   
\* Zip / Postal Code:

**e. Organizational Unit:**

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

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

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

Title:

Organizational Affiliation:  
\_\_\_\_\_

\* Telephone Number:  Fax Number:

\* Email:

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

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

Project 1:1 Mentoring  
Consortium: Comprehensive Youth Services/Sanger Unified School District

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="147,251.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="147,251.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

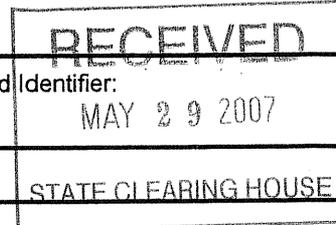
- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:



5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Community School Parents Assoc

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-4058022

\*c. Organizational DUNS:  
Per conversation with Bryan Williams (5/21/07) will submit soon

**d. Address:**

\*Street 1: 11301 Bellagio Road  
Street 2: \_\_\_\_\_  
\*City: Los Angeles  
County: Los Angeles  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: U.S.A.  
\*Zip / Postal Code 90049

**e. Organizational Unit:**

Department Name:  
CATCH

Division Name:  
Mentoring Program

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

Prefix: Mr. \*First Name: Gregory  
Middle Name: \_\_\_\_\_  
\*Last Name: Pirio  
Suffix: \_\_\_\_\_

Title: Project Director *Gregory Pirio* 5-22-07

Organizational Affiliation:  
n/a

\*Telephone Number: 310-625-7146

Fax Number: 310-472-6391

\*Email: gregpirio@empowercomm.com

<b>Application for Federal Assistance SF-424</b>	Version 02
<b>*9. Type of Applicant 1: Select Applicant Type:</b>	
M	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
<b>*10 Name of Federal Agency:</b>	
Department of Education	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
<u>84.184B</u>	
CFDA Title:	
<u>Mentoring Programs</u>	
<b>*12 Funding Opportunity Number:</b>	
041107-001	
*Title:	
ED-GRANTS- Mentoring Program	
<b>13. Competition Identification Number:</b>	
n/a _____	
Title:	
_____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
Los Angeles, California	
<b>*15. Descriptive Title of Applicant's Project: CATCH MENTORING PROGRAM</b>	
<p>The grant requests funding for a student mentoring program called CATCH, (Caring Adults Teaching Children How). CATCH is a highly successful mentoring program operating out of the Community Magnet School in West Los Angeles and has been in existence for more than a decade. CATCH is a "pull-out" program for those students who are not performing at grade-level proficiency and are at-risk for continued poor academic performance. Trained mentors meet weekly with their student and review an individually prepared lesson plan together. The lesson plans are prepared each week by an academic coordinator who is knowledgeable in each student's needs and grade level benchmarks. CATCH's objectives are to increase academic and social achievement, to improve attendance through increased enthusiasm for learning, and to increase self-confidence and community awareness. CATCH's academic mentoring program gives students extra time to integrate and master class materials and to acquire good study habits before potentially destructive bad study habits and negative behaviors have a chance to become permanent. Aware of the impact of CATCH on CMS, numerous LAUSD principals of "underachieving" elementary schools have asked for assistance in replicating CATCH on their campuses; and in 2006-2007, CSPA and CMS helped to seed the first two such replications at Baldwin Hills and Saturn—elementary schools respectively have predominately African-American and Latino student populations.</p>	

Other elementary schools are now waiting in the wings for assistance in establishing their own CATCH program. Our goal is to eventually establish a center where we can disseminate the CATCH program to all schools who wish to launch a program of their own.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 30

\*b. Program/Project: 30

**17. Proposed Project:**

\*a. Start Date: currently ongoing

End Date: ongoing

**18. Estimated Funding (\$):**

*a. Federal	_____	199,915
*b. Applicant	_____	68,500
*c. State	_____	0
*d. Local	_____	0
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	268,514

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on May 23, 2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \_\_\_\_\_ \*First Name: Gregory \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 \*Last Name: Pirio \_\_\_\_\_  
 Suffix: \_\_\_\_\_

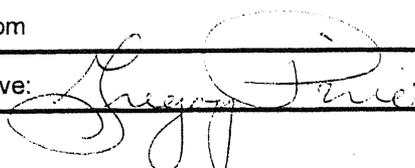
\*Title: Program Director

\*Telephone Number: 310-625-7146

Fax Number: 310-472-6311

\* Email: gregpirio@empowercomm.com

\*Signature of Authorized Representative:



\*Date Signed: 5-22-07

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

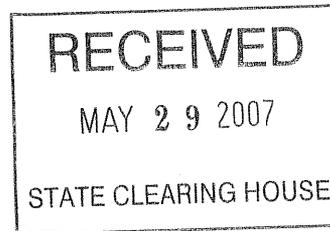
**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="158,795.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="158,795.00"/>



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

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

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

- Yes
- No

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

**\*\* I AGREE**

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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

G: Independent School District

**Type of Applicant 2: Select Applicant Type:**

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

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

**\* 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

**13. Competition Identification Number:**

84-184B2007-1

Title:

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

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

Students Teaching and Reaching Success (STARS) Mentoring Program will match eighty high school student mentors with 160 elementary / middle school student mentees in activities and learning.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="158,795.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="158,795.00"/>

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

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

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

Yes  No

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

**\*\* I AGREE**

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

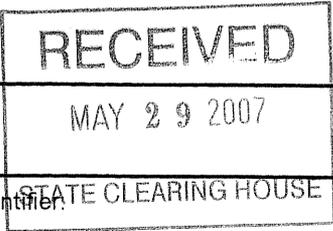
\* Email:

\* Signature of Authorized Representative:  \* Date Signed:  *5/22/07*

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>*Other (Specify)</b> _____
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<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
--------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>5b. Federal Award Identifier:</b>
---------------------------------------	--------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

<b>*a. Legal Name:</b> Youth for Christ Central Valley	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 77-0160288	<b>*c. Organizational DUNS:</b> 003513652

**d. Address:**

<b>*Street 1:</b>	<u>937 Coffee Road, Ste. 5</u>
<b>Street 2:</b>	_____
<b>*City:</b>	<u>Modesto</u>
<b>County:</b>	_____
<b>*State:</b>	<u>California</u>
<b>Province:</b>	_____
<b>*Country:</b>	<u>USA</u>
<b>*Zip / Postal Code</b>	<u>95355</u>

**e. Organizational Unit:**

<b>Department Name:</b>	<b>Division Name:</b>
-------------------------	-----------------------

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

<b>Prefix:</b>	<u>Rev.</u>	<b>*First Name:</b>	<u>Rick</u>
<b>Middle Name:</b>	<u>J.</u>		
<b>*Last Name:</b>	<u>Fritzemeier</u>		
<b>Suffix:</b>	_____		
<b>Title:</b>	<u>Executive Director</u>		

<b>Organizational Affiliation:</b> Youth for Christ USA
--

<b>*Telephone Number:</b> 2209.522.9568, ext. 13	<b>Fax Number:</b> 209.522.8621
--	---------------------------------

<b>*Email:</b> rjf@scyfc.com
------------------------------

**Application for Federal Assistance SF-424**

Version 02

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

M. Nonprofit with 501C3 IRS Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Office of Safe and Drug Free Schools

**11. Catalog of Federal Domestic Assistance Number:**

84.184B \_\_\_\_\_

CFDA Title:

Mentoring Programs \_\_\_\_\_

**\*12 Funding Opportunity Number:**

84.184B \_\_\_\_\_

\*Title:

Mentoring Programs \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Ceres, Stanislaus County, California

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

Central Valley Youth Path Mentoring Project (CVYP)

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 18

\*b. Program/Project: 18

**17. Proposed Project:**

\*a. Start Date: 09/01/07

\*b. End Date: 08/31/10

**18. Estimated Funding (\$):**

*a. Federal	\$199,468
*b. Applicant	\$ 0
*c. State	\$ 0
*d. Local	\$ 0
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$199,468

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/23/07
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Rev. \_\_\_\_\_ \*First Name: Rick \_\_\_\_\_  
Middle Name: J. \_\_\_\_\_  
\*Last Name: Fritzeimer \_\_\_\_\_  
Suffix: \_\_\_\_\_

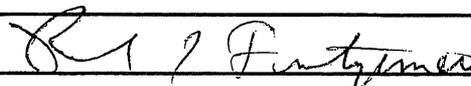
\*Title: Executive Director

\*Telephone Number: 209.522.9568, ext. 11

Fax Number: 209.522.8621

\* Email: rjf@scyfc.com

\*Signature of Authorized Representative:



\*Date Signed: 5/18/07

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

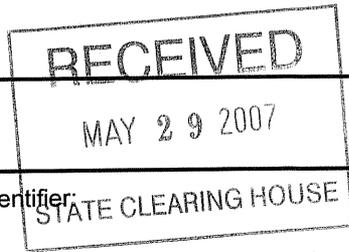
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: REDWOOD COMMUNITY ACTION AGENCY

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-264-6370

\*c. Organizational DUNS:  
120803853

**d. Address:**

\*Street 1: 904 G ST. \_\_\_\_\_  
Street 2: \_\_\_\_\_  
\*City: EUREKA \_\_\_\_\_  
County: HUMBOLDT \_\_\_\_\_  
\*State: CALIFORNIA \_\_\_\_\_  
Province: \_\_\_\_\_  
\*Country: UNITED STATES \_\_\_\_\_  
\*Zip / Postal Code 95501 \_\_\_\_\_

**e. Organizational Unit:**

Department Name:  
NORTHCOAST MENTOR PROGRAM

Division Name:

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

Prefix: MS. \_\_\_\_\_ \*First Name: LOREY \_\_\_\_\_  
Middle Name: A. \_\_\_\_\_  
\*Last Name: KEELE \_\_\_\_\_  
Suffix: \_\_\_\_\_

Title: SPECIAL PROJECTS MANAGER

Organizational Affiliation:  
NON PROFIT 501.C3

\*Telephone Number: 707 269-2052

Fax Number: 707 445-0884

\*Email: MENTOR@RCAA.ORG

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**  
**M – Non profit with 501C3 IRS Status (other than institution of higher education)**  
Type of Applicant 2: Select Applicant Type:  
  
Type of Applicant 3: Select Applicant Type:  
  
\*Other (Specify)

**\*10 Name of Federal Agency:**  
**Department of Education**

**11. Catalog of Federal Domestic Assistance Number:**  
**84.184** \_\_\_\_\_  
CFDA Title:  
**Safe and Drug-Free Schools and Communities National Programs** \_\_\_\_\_

**\*12 Funding Opportunity Number:**  
**\_ED-GRANTS-041107-001** \_\_\_\_\_  
  
\*Title:  
**Mentoring Programs CFDA 84.184B** \_\_\_\_\_

**13. Competition Identification Number:**  
**84-184B2007-1** \_\_\_\_\_  
Title:  
\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**  
**EUREKA, FORTUNA, HUMBOLDT, CALIFORNIA**

**\*15. Descriptive Title of Applicant's Project:**  
**NORTHCOAST MENTOR PROGRAM - DOE**

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
\*a. Applicant: CA001 \*b. Program/Project: CA001

**17. Proposed Project:**  
\*a. Start Date: SEPTEMBER 2007 \*b. End Date: SEPTEMBER 2010

**18. Estimated Funding (\$):**

*a. Federal	\$199,984
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$199,984

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**  
 a. This application was made available to the State under the Executive Order 12372 Process for review on 5/23/07 \_\_\_\_\_  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E. O. 12372

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

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

**Authorized Representative: KERMIT THOBABEN**

Prefix: MR. \_\_\_\_\_ \*First Name: KERMIT \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: THOBABEN \_\_\_\_\_  
Suffix: \_\_\_\_\_

\*Title: EXECUTIVE DIRECTOR

\*Telephone Number: 707 269-2021 Fax Number: 707 445-0884

\* Email: PLANNING@RCAA.ORG

\*Signature of Authorized Representative:  \*Date Signed: 5/21/07

# DOT



# FTA

U.S. Department of  
Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5566		
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY		
Project ID:	CA-03-0783	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 29 2007 </div>	
Budget Number:	1 - Budget Pending Approval		
Project Information:	Ped./pass enhan & 22' alt. fuel bus		

### Part 1: Recipient Information

STATE CLEARING HOUSE

Project Number:	CA-03-0783
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

### Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,507,425
Project Number:	CA-03-0783	Adjustment Amt:	\$0
Project Description:	Ped./pass enhan & 22' alt bus	Total Eligible Cost:	\$1,507,425
		Total FTA Amt:	\$1,214,721
Recipient Type:	Transit Authority	Total State Amt:	\$0
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total Local Amt:	\$292,704
Recipient Contact:	Richard Christie (213) 922-6022	Total Other Federal Amt:	\$0
		Special Cond Amt:	\$0
New/Amendment:	None Specified		
Amend Reason:	Initial Application		
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

**RECEIVED**

MAY 29 2007

STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

Completed by Grants.gov upon submission.

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. TCU Community Partnership, Inc.

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

88-0476861

\*c. Organizational DUNS:

111661877

**d. Address:**

\*Street 1: 1040 S. Mt Vernon Avenue Ste G-193

Street 2:

\*City: Colton

County: San Bernardino

\*State: CA

Province:

\*Country: U.S.A.

\*Zip / Postal Code 92324

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Ms.

\*First Name: Luvina

Middle Name: \_\_\_\_\_

\*Last Name: Beckley

Suffix: \_\_\_\_\_

Title: Managing Director

Organizational Affiliation:

\*Telephone Number: 951.288.2629

Fax Number: 951.682.4685

\*Email: lbeckley@tcucommunity.com

**Application for Federal Assistance SF-424**

Version 02

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

**M. Nonprofit with 501(C)(3)**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. Department of Education**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA 84.184b

CFDA Title: Safe and Drug-Free Schools and Communities - Mentoring Program

**\*12 Funding Opportunity Number:**

ED-GRANTS-041107-007

\*Title: Youth Intervention Preservation (YIP) Mentoring Project

**13. Competition Identification Number:**

RFP-DBH 06-44 \_\_\_\_\_

Title: Safe and Drug-Free Schools and Communities – Mentoring Program

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

**Banning, Beaumont, Cabazon, Idlewild Pine, Joshua Tree, Morongo Valley, Yucca Valley**

**County: Riverside**

**State: California**

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

**Concerned Mentors- Youth Intervention Preservation (YIP) Mentoring** Program that will services 150 youth from the LEA-Banning Unified School District (BUSD) using 30 College students, 30 peers as 30 PASS (People Assisting Students Succeed) Collaborative Community Leaders(comprised of parents, policy makers, and civil servants).

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 25

\*b. Program/Project: 25

**17. Proposed Project:**

\*a. Start Date: August 2007

\*b. End Date: June 30, 2008

**18. Estimated Funding (\$):**

*a. Federal	<u>178,080.00</u>
*b. Applicant	<u>55,400.00</u>
*c. State	<u>0.00</u>
*d. Local	<u>0.00</u>
*e. Other	<u>0.00</u>
*f. Program Income	<u>0.00</u>
*g. TOTAL	<u>233,480.00</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/21/2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms.      \*First Name: Deidra

Middle Name: \_\_\_\_\_

\*Last Name: Wonsey

Suffix: \_\_\_\_\_

\*Title: President

\*Telephone Number: 909-797-9870

Fax Number: 951-682-4685

\* Email: support@tcucommunity.com

\*Signature of Authorized Representative:

\*Date Signed: 05/21/07

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

RECEIVED

MAY 29 2007

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: One 2 One Mentors, Inc.

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
31-1695837

\*c. Organizational DUNS:  
133531694

**d. Address:**

\*Street 1: 16245 Desert Knoll Drive  
Street 2:  
\*City: Victorville  
County: San Bernardino  
\*State: CA  
Province:  
\*Country: U.S.A.  
\*Zip / Postal Code 92395

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Ms. \_\_\_\_\_ \*First Name: Rhonda \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: Morken \_\_\_\_\_  
Suffix: \_\_\_\_\_

Title: Executive Director

Organizational Affiliation:

\*Telephone Number: 760-245-1997

Fax Number: 760-245-9774

\*Email: ieone2one@aol.com

**Application for Federal Assistance SF-424**

Version 02

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

**M. Nonprofit with 501(C)(3)**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

**U.S. Department Of Education**

**11. Catalog of Federal Domestic Assistance Number:**

CFDA 84.184B

CFDA Title: Safe and Drug-Free Schools and Communities- Mentoring Program

**\*12 Funding Opportunity Number:**

ED-GRANTS-041107-001

\*Title: **Youth Planning Prevention (YPP) Mentoring Program**

**13. Competition Identification Number:**

RFP-DBH 06-44

Title: Safe and Drug-Free Schools and Communities- Mentoring Program

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

**Cities (High Desert): Victorville, Hesperia, Apple Valley, and Adelanto**

**County: San Bernardino**

**State: California**

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

One 2 One Mentors Inc. (One 2 One), located in the City of Victorville (High Desert Region) of San Bernardino County, California, will continue to implement its existing school-based **Caring Mentor for Every Student- Youth Primary Prevention (YPP) Mentoring project** that promotes a Mentally Healthy and Drug Free Youth and School by providing one-on-one mentoring (primarily) and small group mentoring (secondarily) to **170 Youth** [from Victor Valley Junior High [6<sup>th</sup>- 8<sup>th</sup> grade] for at least three (3) consecutive years. **Goal: Ensure there is a caring mentor for every student that serves in increasing interpersonal skills and academic performance in core subjects while reducing alcohol and illicit drug use, delinquency, crime, and drop-out rates among youth.**

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 25		*b. Program/Project: 25
<b>17. Proposed Project:</b>		
*a. Start Date: August 2007		*b. End Date: August 2010
<b>18. Estimated Funding (\$):</b>		
*a. Federal	199,280.00	
*b. Applicant	45,400.00	
*c. State	0.00	
*d. Local	0.00	
*e. Other	0.00	
*f. Program Income	0.00	
*g. TOTAL	244,680.00	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 05/22/07 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)  <input checked="" type="checkbox"/> ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: Ms.		*First Name: Rhonda
Middle Name:		
*Last Name: Morken		
Suffix:		
*Title: Executive Director		
*Telephone Number: 760-245-1997		Fax Number: 760-245-9774
* Email: ieone2one@aol.com		
*Signature of Authorized Representative:		*Date Signed: 05/21/07

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

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

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

90EF0061

RECEIVED

MAY 29 2007

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name: Rural Community Assistance Corporation

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

94-2512284

\* c. Organizational DUNS:

09-358-7368

d. Address:

\* Street1: 3120 Freeboard Dr Ste 201

Street2:

\* City: West Sacramento

County:

\* State: California

Province:

\* Country: United States of America

\* Zip / Postal Code: 95691-5010

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms

\* First Name:

Diana

Middle Name:

\* Last Name:

Varcados

Suffix:

Title: Environmental Grants and Contracts Administration Manager

Organizational Affiliation:

\* Telephone Number: 916/447-9832 x1046

Fax Number:

916/447-2878

\* Email: dvarcados@rcac.org

**Application for Federal Assistance SF-424**

Version 02

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

- Not for profit

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Department of Health and Human Services

**11. Catalog of Federal Domestic Assistance Number:**

93-570

**CFDA Title:**

Rural Community Facilities

**\* 12. Funding Opportunity Number:**

HHS-2007-ACF-CONT-OCS-EF

**\* Title:**

Rural Community Facilities Program

**13. Competition Identification Number:**

**Title:**

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

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington

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

CSB-Rural Community Development Activities Program. Provide technical assistance and training for water and waste disposal facilities to low-income rural communities.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,008,622"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,008,622"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: *Kevin McCumber* \* Date Signed: *May 29, 2007*

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier EDA	
Legal Name: City of San Bernardino		<b>Organizational Unit:</b> Department: Development Services		
Organizational DUNS:		Division:		
<b>Address:</b> Street: 300 N. D Street City: San Bernardino County: San Bernardino State: CA Zip Code: 92418-0001		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Middle Name: A. Last Name: Lancaster Suffix: Email: lancaster_ma@ci.san-bernardino.ca.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 0 7 7 2		Phone Number (give area code) (909) 384-5057, ext. 3305		Fax Number (give area code) (909) 384-5573
<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) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Government Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):		<b>9. NAME OF FEDERAL AGENCY:</b> EDA/Dept. of Commerce		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Bernardino and lower CEDS area		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Construction and Infrastructure within city right of way.		
<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2007 Ending Date: June 30, 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 46 b. Project 46		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 1,500,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 2,249,077.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0.00	<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>		
g. TOTAL	\$ 3,749,077.00			
<b>a. Authorized Representative</b>				
Prefix	First Name Fred	Middle Name		
Last Name Wilson			Suffix	
b. Title City Manager	c. Telephone Number (give area code) (909) 384-5122			
d. Signature of Authorized Representative	e. Date Signed			

Previous Edition Usable  
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

RECEIVED

MAY 29 2007

\* 3. Date Received:

4. Applicant Identifier:

Completed by Grants.gov upon submission.

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

93.570

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Valley Economic Development Center

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

95-3139419

\* c. Organizational DUNS:

171087653

d. Address:

\* Street1:

5121 Van Nuys Blvd, 3rd Floor

Street2:

\* City:

Van Nuys

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91403

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

\* First Name:

Roberto

Middle Name:

\* Last Name:

Barragan

Suffix:

Title:

President

Organizational Affiliation:

\* Telephone Number:

(818) 907-9977

Fax Number:

(818) 907-9720

\* Email:

roberto@vedc.org

**Application for Federal Assistance SF-424**

Version 02

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

X: Other (specify)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

Non-Profit Econ. Develop. Corp

RECEIVED

MAY 29 2007

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

Administration for Children and Families

STATE CLEARING HOUSE

**11. Catalog of Federal Domestic Assistance Number:**

93.570

**CFDA Title:**

Community Services Block Grant\_Discretionary Awards

**\* 12. Funding Opportunity Number:**

HHS-2007-ACF-OCS-EE-0024

**\* Title:**

Community Services Block Grant Program Community Economic Development Discretionary Grant Program--Operational Projects

**13. Competition Identification Number:**

**Title:**

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

Los Angeles County

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

Northeast San Fernando Valley Empowerment Zone Equity Investment

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="699,986.00"/>
* b. Applicant	<input type="text" value="286,777.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="986,763.00"/>

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

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

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

Yes  No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)**

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s):		
		<input type="checkbox"/> A. Increase Award	<input type="checkbox"/> B. Decrease Award	<input type="checkbox"/> C. Increase Duration
		<input type="checkbox"/> D. Decrease Duration	<input type="checkbox"/> E. Other (specify)	

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 90EF0061
--------------------------------	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Rural Community Assistance Corporation	RECEIVED MAY 29 2007
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2512284	
* c. Organizational DUNS: 09-358-7366	STATE CLEARING HOUSE

d. Address:

* Street1: 3120 Freeboard Dr Ste 201
Street2:
* City: West Sacramento
County:
* State: California
Province:
* Country: United States of America
* Zip / Postal Code: 95691-5010

e. Organizational Unit:

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

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

Prefix: Ms	* First Name: Diana
Middle Name:	
* Last Name: Varcados	
Suffix:	
Title: Environmental Grants and Contracts Administration Manager	
Organizational Affiliation:	
* Telephone Number: 916/447-9832 x1046	Fax Number: 916/447-2878
* Email: dvarcados@rcac.org	

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

## Application for Federal Assistance SF-424

Version 02

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

 - Not for profit

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Department of Health and Human Services

## 11. Catalog of Federal Domestic Assistance Number:

93-570

## CFDA Title:

Rural Community Facilities

## \* 12. Funding Opportunity Number:

HHS-2007-ACF-CONT-OCS-EF

## \* Title:

Rural Community Facilities Program

## 13. Competition Identification Number:

## Title:

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

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington

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

CSB-Rural Community Development Activities Program. Provide technical assistance and training for water and waste disposal facilities to low-income rural communities.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

\* a. Federal

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: *Kevin McCumber* \* Date Signed: *May 29, 2007*

Authorized for Local Reproduction

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

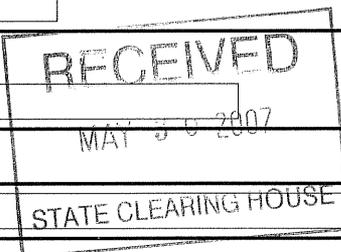
**Application for Federal Assistance SF-424**

Version 02

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

<b>* 3. Date Received:</b> <input type="text"/> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> <input type="text"/>
---	---

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



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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> <input type="text"/> Tulare County Office of Education
--

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/> 942191905	<b>* c. Organizational DUNS:</b> <input type="text"/> 184031110
--	--

<b>d. Address:</b>	
<b>* Street1:</b> <input type="text"/> 2637 West Burrel	
<b>Street2:</b> <input type="text"/> P.O. Box 5091	
<b>* City:</b> <input type="text"/> Visalia	
<b>County:</b> <input type="text"/> Tulare	
<b>* State:</b> <input type="text"/> CA: California	
<b>Province:</b> <input type="text"/>	
<b>* Country:</b> <input type="text"/> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> <input type="text"/> 93278-501	

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> <input type="text"/> Choices Program	<b>Division Name:</b> <input type="text"/>

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

<b>Prefix:</b> <input type="text"/> Mr.	<b>* First Name:</b> <input type="text"/> Tom
<b>Middle Name:</b> <input type="text"/>	
<b>* Last Name:</b> <input type="text"/> Byars	
<b>Suffix:</b> <input type="text"/>	

<b>Title:</b> <input type="text"/> Choices Program Manager
--

<b>Organizational Affiliation:</b> <input type="text"/> Tulare County Office of Education
--

<b>* Telephone Number:</b> <input type="text"/> (559) 733-6300	<b>Fax Number:</b> <input type="text"/>
--	---

<b>* Email:</b> <input type="text"/> tbyars@supt.tcoe.org
---

## Application for Federal Assistance SF-424

Version 02

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

G: Independent School District

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

U.S. Department of Education

## 11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs

## \* 12. Funding Opportunity Number:

ED-GRANTS-041107-001

\* Title:

Mentoring Programs CFDA 84.184B

## 13. Competition Identification Number:

84-184B2007-1

Title:

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

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

Mentoring for High Risk Youth

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="198,698.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="198,698.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 5/23/07 <b>3. DATE RECEIVED BY STATE</b> <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	--

**5. APPLICANT INFORMATION**

Legal Name: **The East Los Angeles Community Union**

Organizational DUNS: **010720597**

Address: **5400 East Olympic Boulevard**

City: **Los Angeles**

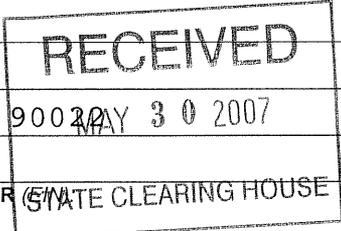
County: **Los Angeles**

State: **California** Zip Code: **90020**

Country: **USA**

Organizational Unit: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Division: \_\_\_\_\_

Name and telephone number of person to be contacted on matters involving this application (give area code)  
 Prefix: **Mr.** First Name: **Jose**  
 Middle Name: \_\_\_\_\_  
 Last Name: **Villalobos**  
 Suffix: \_\_\_\_\_  
 Email: **jvtelacu@aol.com**



**6. EMPLOYER IDENTIFICATION NUMBER** **95-2554256**

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
**Non-Profit Community Development Corporation**

**9. NAME OF FEDERAL AGENCY:**  
**DHHS/ACF/OCS**

Phone Number (give area code) **323-721-1655** Fax Number (give area code) **323-721-3560**

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
**Community Economic Development**  
**Discretionary Grant Program** **93-570**  
 TITLE (Name of Program): **Operational Project**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
**Expansion of Tamayo's Restaurant to Create 52 jobs for Low Income People. (Operational)**  
**HHS-2007-ACF-OCS-EE-0024**

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

**13. PROPOSED PROJECT**  
 Start Date: **9/30/07** Ending Date: **9/30/10**

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant **25, 29, 30** b. Project **29**

**15. ESTIMATED FUNDING:**

a. Federal	\$	500,000 <sup>00</sup>
b. Applicant	\$	500,000 <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	\$	1,000,000 <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: **May 23, 2007**  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative  
 Prefix **Mr.** First Name **Jose** Middle Name \_\_\_\_\_  
 Last Name **Villalobos** Suffix \_\_\_\_\_  
 b. Title **Senior Vice President** c. Telephone Number (give area code) **323-721-1655**  
 d. Signature of Authorized Representative *[Signature]* e. Date Signed **May 23, 2007**

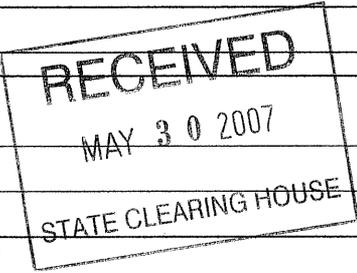
**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 6-0006

Version 7/03

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

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: BAKERSFIELD PACIFIC ASSOCIATES, A CA LIMITED PARTNERSHIP		Department: a California Limited Partnership	
Organizational DUNS: 94-648-6461		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 3351 "M" Street, Suite 100		Prefix:	First Name: Christina
City: Merced		Middle Name	
County: Merced		Last Name Alley	
State: California	Zip Code 95348	Suffix: Central Valley Coalition for Affordable Housing	
Country: USA		Email: chris@centralvalleycoalition.com	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□	Phone Number (give area code) 209/388-0782	Fax Number (give area code) 209/385-3770
--	---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify) (Federal Tax I.D. number has not been received as yet)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Organization Other (specify)
--	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): Farm Labor Housing program Section 514/516 (FLH-514/516)	<b>9. NAME OF FEDERAL AGENCY:</b> United State Department of Agriculture-Rural Development
---	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Bakersfield, Kern County, California, USA	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Bakersfield Family Apartments: Affordable farm labor housing project; 80 total units consisting of 8/1-bdrm, 32/2-bdrm, 32/3-bdrm, & 8/4-bdrm units to be built on approximate 6.55 acres located at 1629 Lotus Lane in Bakersfield, Kern County, California.  Requesting 40 units of Rental Assistance
---	---

<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date: 10-01-2007	a. Applicant District #17
Ending Date: 10-01-2008	b. Project District #25

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
-------------------------------	---

a. Federal USDA-RD 514 Loan	\$ 3,000,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 25, 2007  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	\$ 0 <sup>00</sup>	
c. State Tax Credit Financing	\$ 6,767,477 <sup>00</sup>	
d. Local Permanent Loan	\$ 1,000,000 <sup>00</sup>	
e. Other Deferred Dev. Fee	\$ 1,550,000 <sup>00</sup>	
f. Program Income MHP Loan	\$ 4,631,659 <sup>00</sup>	
g. TOTAL	\$ 16,949,136 <sup>00</sup>	

**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>a. Authorized Representative</b>		
Prefix	First Name Christina	Middle Name
Last Name Alley, CEO for:		Suffix
b. Title Central Valley Coalition for Affordable Housing, General Partner		c. Telephone Number (give area code) 209/388-0782
d. Signature of Authorized Representative <i>Christina Alley</i>		e. Date Signed May 25, 2007

Previous Edition Usable *Times.*  
Authorized for Local Reproduction

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

N/A

4. Applicant Identifier:

N/A

RECEIVED

MAY 30 2007

5a. Federal Entity Identifier:

N/A

\*5b. Federal Award Identifier:

N/A

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Alum Rock Counseling Center, Inc.

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
23-7367637

\*c. Organizational DUNS:  
08-995-6965

**d. Address:**

\*Street 1: 1245 East Santa Clara St.

Street 2: \_\_\_\_\_

\*City: San Jose

County: Santa Clara

\*State: CA

Province: \_\_\_\_\_

\*Country: USA

\*Zip / Postal Code: 95148

**e. Organizational Unit:**

Department Name:  
Mentoring Services

Division Name:  
Mentoring Services

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

Prefix: Ms \*First Name: Lorena

Middle Name: \_\_\_\_\_

\*Last Name: Sanchez-Castaneda

Suffix: \_\_\_\_\_

Title: Associate Director

Organizational Affiliation:  
Not Applicable

\*Telephone Number: 408-294-0500

Fax Number: 408-294-2450

\*Email: lsanchez@alumrockcc.org

**Application for Federal Assistance SF-424**

Version 02

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

M – Nonprofit with 501C3 IRS status (other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

N/A

Type of Applicant 3: Select Applicant Type:

N/A

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Education

**11. Catalog of Federal Domestic Assistance Number:**

CFDA # 84.184B

CFDA Title:

Mentoring Programs

**\*12 Funding Opportunity Number:**

N/A

\*Title:

N/A

**13. Competition Identification Number:**

N/A

Title:

N/A

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

San Jose, California

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

Connections Mentoring Program: A program providing one-to-one mentors, life skills instruction and community service learning for at-risk middle-school age youth enrolled within the Alum Rock School District.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 16

\*b. Program/Project: 16

**17. Proposed Project:**

\*a. Start Date: October 1, 2007

\*b. End Date: September 30, 2010

**18. Estimated Funding (\$):**

*a. Federal	\$200,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	\$200,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/21/2007
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms.

\*First Name: Patricia

Middle Name: Mary

\*Last Name: Chiapellone

Suffix: \_\_\_\_\_

\*Title: Executive Director

\*Telephone Number: 408-294-0500 x190

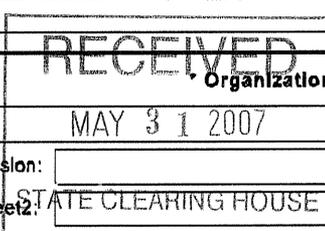
Fax Number: 408-294-2450

\* Email: Pchiapellone@alumrockcc.org

\*Signature of Authorized Representative:

\*Date Signed: May 21, 2007

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> [ ]	<b>Applicant Identifier</b> [ ]
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>4. Federal Identifier</b> [ ]		<div style="text-align: center;">  </div>	
<b>Organizational DUNS:</b> 124726725 <b>* Legal Name:</b> The Regents of the University of California <b>Department:</b> Sponsored Projects Office <b>Division:</b> [ ] <b>* Street1:</b> 2150 Shattuck Ave. Suite 313 <b>Street2:</b> STATE CLEARING HOUSE <b>* City:</b> Berkeley <b>County:</b> Alameda <b>* State:</b> CA; Califon <b>Province:</b> [ ] <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 94704-5940			
<b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> [ ] <b>* First Name:</b> Susan <b>Middle Name:</b> [ ] <b>* Last Name:</b> Hedley <b>Suffix:</b> [ ] <b>* Phone Number:</b> (510)642-8119 <b>Fax Number:</b> (510)642-8236 <b>Email:</b> shedley@berkeley.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-6002123		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education	
<b>B. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>Other (Specify):</b> <b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? [ ]		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Engineering the interface between inorganic materials and cells			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> N/A			
<b>13. PROPOSED PROJECT:</b> <b>* Start Date</b> 10/01/2007 <b>* Ending Date</b> 09/30/2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>a. * Applicant</b> CA-009 <b>b. * Project</b> CA-009	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
<b>Prefix:</b> [ ] <b>* First Name:</b> David <b>Middle Name:</b> [ ] <b>* Last Name:</b> Schaffer <b>Suffix:</b> [ ] <b>Position/Title:</b> Associate Professor <b>* Organization Name:</b> The Regents of the University of California <b>Department:</b> Dept of Chemical E <b>Division:</b> [ ] <b>* Street1:</b> 118 Gilman Hall <b>Street2:</b> [ ] <b>* City:</b> Berkeley <b>County:</b> Alameda <b>* State:</b> CA; Califon <b>Province:</b> [ ] <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 94720-1462 <b>* Phone Number:</b> (510)643-5963 <b>Fax Number:</b> (510)842-4778 <b>* Email:</b> schaffer@berkeley.edu			

# SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	641,789.00	a. YES	<input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	641,789.00	DATE:	
c. * Estimated Program Income	0.00	b. NO	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

\* I agree

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

### 19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Susan		Hedley	
* Position/Title:	Senior Research Analyst	* Organization:	The Regents of the University of California	
Department:	Sponsored Projects Office	Division:		
* Street1:	2150 Shattuck Ave, Suite 313	Street2:		
* City:	Berkeley	County:	Alameda	* State:
Province:		* Country:	UNITED ST	* ZIP / Postal Code:
* Phone Number:	(510)642-8119	Fax Number:	(510)642-8236	* Email:
				shedley@berkeley.edu
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

### 20. Pre-application

Add Attachment		
----------------	--	--

### 21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment		
----------------	--	--

**Application for Federal Assistance SF-424**

Version 02

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) <input type="text"/>
---	---	---

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

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

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: COMMUNITY HOUSING PARTNERSHIP
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3112338	* c. Organizational DUNS: 614710242
---	--

**d. Address:**

* Street1: 280 TURK STREET
Street2: <input type="text"/>
* City: SAN FRANCISCO
County: SAN FRANCISCO
* State: CALIFORNIA
Province: <input type="text"/>
* Country: USA
* Zip / Postal Code: 94102

**e. Organizational Unit:**

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

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

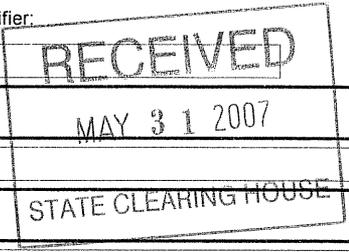
Prefix: MR.	* First Name: JEFF
Middle Name: <input type="text"/>	
* Last Name: KOSITSKY	
Suffix: <input type="text"/>	

Title: EXECUTIVE DIRECTOR
---------------------------

Organizational Affiliation: <input type="text"/>
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* Telephone Number: 415-929-2470 ext. 305	Fax Number: 415-749-2791
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* Email: jkositsky@chp-sf.org
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**Application for Federal Assistance SF-424**

Version 02

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

M. NONPROFIT WITH 501C3 IRS STATUS

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

DHHS - ACF / OCS

**11. Catalog of Federal Domestic Assistance Number:**

93.570

CFDA Title:

PRIORITY AREA - OPERATIONAL PROJECTS

**\* 12. Funding Opportunity Number:**

HHS-2007-ACF-OCS-EE-0024

\* Title:

Community Services Block Grant Program, Community Economic Development Discretionary Grant Program - Operational Projects

**13. Competition Identification Number:**

Title:

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

SAN FRANCISCO, SAN FRANCISCO COUNTY, CALIFORNIA

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

CHP ENTERPRISES - Apartment turnover/related services and bed bug remediation - employing the homeless

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="350,000"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="350,000"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$700,000"/>

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

