Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2009.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	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
☑ **Construction**	☑ **Construction**
☐ **Non-Construction**	☐ **Non-Construction**

5. APPLICANT INFORMATION

Legal Name: Cutler-Orosi Joint Unified School District

Organizational DUNS: 014763627

Address:

Street: 12623 ave 416

City: Orosi

County: Tulare

State: CA

Zip Code: 93647

Country: United States of America

Organizational Unit:

Department: Community Services

Division: After School Recreation Program

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

Prefix: Mrs

First Name: Melissa

Middle Name: J.

Last Name: Calvero

Suffix:

Email: mcalvero@cojusd.org

Phone Number (give area code): 559-528-6949

Fax Number (give area code): 559-528-3562

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0565326

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)

H

Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

☐☐-☐☐☐

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Cutler-Orosi Joint Unified School District
Youth Center

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

13. PROPOSED PROJECT

Start Date: 07/09

Ending Date: 06/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 50,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 50,000.00
f. Program Income	$ .00
g. TOTAL	$ 100,000.00

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

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mrs

First Name: Carolyn

Middle Name: W

Last Name: Kehrli

Suffix:

b. Title: Superintendent

c. Telephone Number (give area code): 559-528-4763

d. Signature of Authorized Representative: Carolyn Kehrli

e. Date Signed: 4/1/09

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles Unified School District & L.A. City Attorney

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

* c. Organizational DUNS:

d. Address:

* Street1: 333 S. Beaudry Ave. 24th Floor
Street2:
* City: Los Angeles
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90017

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: Michael
Middle Name:
* Last Name: Hopwood
Suffix:

Title: Central Operations Coordinator

Organizational Affiliation:
Los Angeles Unified School District

* Telephone Number: 213-241-4591
Fax Number:

* Email: michael.hopwood@lausd.net

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:

G: Independent School District

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2009-1

* Title:

Secure Our Schools Program

13. Competition Identification Number:

Title:

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

City of Los Angeles

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

L.A. Unified School District and L.A. City Attorney's Joint iddle School truancy & gang prevention program.
[HOPWOOD, FEEL FREE TO THINK OF A BETTER TITLE]

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-034
* b. Program/Project: CA-026

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

List of Schools & Congressio | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009
* b. End Date: 06/30/2011

18. Estimated Funding ($):

* a. Federal	500,000.00
* b. Applicant	500,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,000,000.00

*** 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
- [ ] 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

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)**

- [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: Mr.
* First Name: Michael
Middle Name:
* Last Name: Hopwood
Suffix:

* Title: Central Operations Coordinator

* Telephone Number: 213-241-4591
Fax Number: 213-241-8950

* Email: michael.hopwood@lausd.net

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 8-May-09	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application	Preapplication
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

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5. APPLICANT INFORMATION

Legal Name: Mendocino Community Health Clinic, Inc.
Organizational DUNS: 08 - 387 - 0196
Address:
Street: 333 Laws Avenue
City: Ukiah
County: Mendocino
State: CA
Zip: 95490
Country: USA

Organizational Unit:
Department:
Division:
Name and telephone number of the person to be contacted on matters involving this application (give area code)
Prefix: Ms.
First Name: Anne
Middle Name:
Last Name: McAfee
Suffix:
Phone Number (give area code): 707.262.3232
FAX Number (give area code): 707.468.0174

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 5 9 0 4 5

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐
Other Specify:

7. Type of Applicant: (see back of form for Application Types):
O Not for profit Organization
Other (Specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Title:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Community Facilities Grant Program - Hillside Health Center

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
Mendocino and Lake Counties, California

13. PROPOSED PROJECT:

Start Date	Ending Date
1/1/2009	12/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
1	1

15. ESTIMATED FUNDING:

a. Federal	$ 108,581
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 108,581

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
A. XX YES. THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 8-May-09
B. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY 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 DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Authorized Representative
Prefix: Ms.
First Name: Linnea
Middle Name: Joan
Last Name: Hunter
Suffix:
b. Title: Chief Executive Officer
c. Telephone Number (give area code): 707.472.4511
d. Signature of Authorized Representative: Linnea Hunter
e. Date Signed: 8-May-09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 2009	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction
Preapplication
☐ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **City of Redding, California**

Organizational DUNS: **07-378-0413**

Address:
Street: **777 Cypress Avenue**

City: **Redding**

County: **Shasta**

State: **CA** Zip Code: **96001-2718**

Country: **USA**

Organizational Unit: **Redding Municipal Airport**
Department: **Transportation & Engineering**
Division: **Airports**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Mr.** First Name: **Rod**
Middle Name: **A.**
Last Name: **Dinger**
Suffix:
Email: **rdinger@ci.redding.ca.us**
Phone number (give area code): **(530) 224-4321**
FAX number (give area code): **(530) 224-4318**

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6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 6 0 0 0 4 0 1

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

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
2 0 - 1 0 6
TITLE: Airport Improvement Program (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
1. Eastside Cargo Apron Expansion – ±25,000 SY (Design Only)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Cities of Redding, Anderson and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen State of California

13. PROPOSED PROJECT

Start Date	Ending Date
07/01/09	06/30/10

14. CONGRESSIONAL DISTRICTS OF

a. Applicant	b. Project
#02	#02

15. ESTIMATED FUNDING

a. Federal	$	141,947 .00
b. Applicant	$	7,471 .00
c. State	$	0 .00
d. Local	$	0 .00
e. Other	$	0 .00
f. Program income	$	0 .00
g. TOTAL	$	149,418 .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: **05/13/09**
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 **Brian** Middle Name
Last Name **Crane** Suffix
b. Title **Director, Transportation and Engineering**
c. Telephone number (give area code) **(530) 245-7155**
d. Signature of Authorized Representative
e. Date Signed 5/14/2009

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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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: Oroville Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250
Fax Number: 530/823-2169

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Oroville, Butte County, California

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

Hillview Ridge Apartments II: a 57-unit multi-family apartment complex; consisting of 16/2-bdrm units, 33/3-bdrm units, & 8/4-bdrm units - to be located on Executive Parkway in Oroville, Butte County, California.

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 ID-001 * b. Program/Project CA-002

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009 * b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	200,000.00	Deferred Developer's Fee
* c. State	1,900,000.00	City of Oroville / HOME Funds
* d. Local	825,000.00	City of Oroville / CDBG Grant
* e. Other	1,600,000.00	Permanent Lender / Conventional Loan
* f. Program Income	11,619,918.00	Tax Credit Equity
* g. TOTAL	17,144,918.00	Total Development Cost

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 05-15-2009

☐ 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: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-15-2009

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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MAY 18 2009
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Gridley Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:

* First Name: Margo

Middle Name: E.

* Last Name: Swedberg

Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250

Fax Number: 530/823-2169

* Email: garmar@ncbb.net

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Gridley, Butte County, California

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

Washington Court Apartments: a 57-unit multi-family apartment complex; consisting of 32/2-bdrm units & 25/3-bdrm units - to be located at 901 & 1039 Washington Court (continuous sites) in Gridley, Butte County, California (For additional description of project, please see Item II.B. of this Pre-Application.)

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 ID-001 * b. Program/Project CA-002

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009 * b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	280,500.00	Deferred Developer's Fee
* c. State	1,900,000.00	City of Gridley / HOME Funds
* d. Local	1,325,000.00	Permanent Lender / Conventional Loan
* e. Other	11,322,246.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	14,827,746.00	Total Development Cost

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 05-15-2009

☐ 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: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-15-2009

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: April 28, 2009	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: CA-04-0131

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Mateo Transit District

Organizational Unit: Development

Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070

Name and telephone number of person to be contacted on matters involving this application (give area code): Rebecca Arthur (650)508-6368

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2325976

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500

TITLE: FTA Section 5309 Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of Fare Collection Equipment

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

13. PROPOSED PROJECT

Start Date	Ending Date
5/15/09	5/30/10

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 12 & 14

b. Project: 12 & 14

15. ESTIMATED FUNDING:

a. Federal	$ 490,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 122,500.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 612,500.00

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 04/30/09

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☑ No

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Michael J. Scanlon	General Manager/CEO	(650) 508-6221

d. Signature of Authorized Representative: M J Scanlon

e. Date Signed: 5/16/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction; Pre-application ☑ Construction ☐ Non-Construction	2. DATE SUBMITTED 5/15/2009	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: County of San Diego	Organizational Unit: Department: Department of Public Works
Organizational DUNS: 187032677	Division: Wastewater Management
Address: Street: 5555 Overland Avenue, Bldg 2, Suite 2-260	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Peejay
City: San Diego	Middle Name
County: San Diego	Last Name: Tubongbanua
State: CALIFORNIA Zip Code: 92123	Suffix:
Country: USA	Email: Peejay.tubongbanua@sdcounty.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934	Phone Number (give area code): 858-694-2659 Fax Number (give area code): 858-505-6394

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: USDA-Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760. TITLE (Name of Program): Water and Waste Disposal Loan & Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WELL IMPROVEMENT AND CONSOLIDATION OF CAMPO WATER MAINTENANCE DISTRICT SYSTEMS
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Community of Julian, CA	
13. PROPOSED PROJECT: Start Date: April 2009 Ending Date: June 2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51,52

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 2,482,100 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/15/2009
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 2,482,100 .00	☐ 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: Ms.	First Name: Milica	Middle Name
Last Name: Kaludjerski		Suffix
b. Title: Unit Manager		c. Telephone Number (give area code): 858-694-2718
d. Signature of Authorized Representative		e. Date Signed: 5-15-09

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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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: Lemoore Pacific Associates II, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:

* First Name: Margo

Middle Name: E.

* Last Name: Swedberg

Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250

Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Lemoore, Kings County, California

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

Lemoore Senior Apartments - an 80-unit senior citizens apartment complex; 64/1-bdrm units & 16/2-bdrm units - to be located on the southeast corner of Fox Street and Cinnamon Drive. (For additional description of project, please see Item II.B. of this Pre-Application.)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant ID-001 * b. Program/Project CA-020

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

Add Attachment

17. Proposed Project:

* a. Start Date: 09/01/2009 * b. End Date: 09/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	200,000.00	Deferred Developer Fee
* c. State	10,581,906.00	Tax Credit Financing
* d. Local	1,900,000.00	City of Lemoore HOME Loan
* e. Other	600,000.00	Permanent Loan
* f. Program Income		
* g. TOTAL	14,281,906.00	Total Development Cost

*** 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 05-16-2009

☐ 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: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-11-2009

Authorized for Local Reproduction

By: _____

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

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 1.a. Type of Submission:**
- [x] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

* Other (specify)

*** 1.b. Frequency:**
- [x] Annual
- [ ] Quarterly
- [ ] Other

* Other (specify)

*** 1.d. Version:**
- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:** 05/14/2009

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?
Yes [ ] No [x] Explanation

7. 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 Ave.

Street2:

* City: Fresno

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93726-1852

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e. Organizational Unit:

Department Name: Geography

Division Name: College of Social Sciences

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

Prefix: Dr.

* First Name: Derya

Middle Name:

* Last Name: Ozgoc-Caglar

Suffix:

Title:

Organizational Affiliation: Geography

* Telephone Number: 559-278-2890

Fax Number:

* Email: dozgoccaglar@csufresno.edu

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

H: Public/State Controlled Institution of Higher Education

* Other (specify):

b. Additional Description:

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

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Fresno County, plus other regional projects across the country.

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant: CA-021

b. Program/Project: CA-021

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date: 08/03/2009

b. End Date: 12/31/2010

14. ESTIMATED FUNDING:

* a. Federal ($): 129,557.00

b. Match ($):

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

- [x] a. This submission was made available to the State under the Executive Order 12372 Process for review on: 05/15/2009
- [ ] b. Program is subject to E.O. 12372 but has not been selected by State for review.
- [ ] c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

Yes ☐ No ☒ Explanation

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

** I Agree ☒

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

Authorized Representative:

Prefix:	* First Name:
Dr.	Thomas

Middle Name:

* Last Name:
McClanahan

Suffix:	* Title:
	Associate Vice President, ORSP

Organizational Affiliation:

* Telephone Number:
559-278-0840

* Fax Number:
559-278-0992

* Email:
orsp@csufresno.edu

* Signature of Authorized Representative:
Thomas McClanahan

* Date Signed:
05/14/2009

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

* 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: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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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: Kings County Sheriff's Office, California 93230

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000814

* c. Organizational DUNS: 074675075

d. Address:

* Street1: 1444 W. Lacey Blvd./ PO Box 986
Street2:
* City: Hanford
County: Kings
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93230

e. Organizational Unit:

Department Name: Kings County Sheriff's Office

Division Name: Operations

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

Prefix: Mr.
* First Name: Lee
Middle Name:
* Last Name: Reynolds
Suffix:

Title: Sergeant

Organizational Affiliation: Administration

* Telephone Number: 559-582-3211 ext.2798
Fax Number: 559-583-1179

* Email: lee.reynolds@co.kings.ca.us

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:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title

COPS Technology Program

13. Competition Identification Number:

Title:

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

Kings County, California

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

Purchase of 52 Motorola ML910 Rugged (laptop) Notebook computers and additional RAM.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 20th
* b. Program/Project: CA-020

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 3/11/2009
* b. End Date: 03/10/2012

18. Estimated Funding ($):

* a. Federal	300,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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
- [ ] 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

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)**

- [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:	Mr.
* First Name:	Chris
Middle Name:	
* Last Name:	Jordan
Suffix:	
* Title:	Sheriff
* Telephone Number:	559-582-3211
Fax Number:	559-584-4738
* Email:	chris.jordan@co.kings.ca.us
* Signature of Authorized Representative:	Completed by Grants.gov upon submission
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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*3. Date Received:

4. Application Identifier: PA/SI 2009/2010

5a. Federal Entity Identifier: R9 Tracking # 08-368

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Department of Toxic Substances Control

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381

*c. Organizational DUNS: 949010870

d. Address:

*Street1: 8800 Cal Center Drive, Sacramento, CA
Street 2:
*City: Sacramento
County: Sacramento
*State: California
Province:
Country: United States
*Zip/ Postal Code: 95826

e. Organizational Unit:

Department Name: Department of Toxic Substances Control

Division Name: Brownfields and Environmental Restoration Program

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

Prefix: Ms.
First Name: Jessie
Middle Name:
*Last Name: Ugalde
Suffix:

Title: Associate Analyst

Organizational Affiliation:
Program Support, Brownfields and Environmental Restoration Program

*Telephone Number: (916) 255-3897
Fax Number: (916) 255-6445

*Email: jugalde@dtsc.ca.gov

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
United States Environmental Protection Agency - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE_SPECIFIC COOPERATIVE AGREEMENTS

*12. Funding Opportunity Number: NA

*Title: NA

13. Competition Identification Number: NA

Title:

NA

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

California - Statewide

*15. Descriptive Title of Applicant's Project:

Superfund Preliminary Assessment/Site Investigation (PA/SI)

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 5th

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 07/01/2009

*b. End Date: 06/30/2010

18. Estimated Funding ($):

*a. Federal	$550,000.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$550,000.00

***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: Mr.

*First Name: Stewart

Middle Name:

*Last Name: Black

Suffix:

*Title: Deputy Director, Brownfields and Environmental Restoration Program

*Telephone Number: (916) 255-3897

Fax Number: (916) 255-6445

*Email: SBlack@dtsc.ca.gov

*Signature of Authorized Representative: Stewart W. Black

Date Signed: 5/19/09

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

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:** Completed by Grants.gov upon submission.

4. Applicant Identifier: na

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STATE CLEARING HOUSE

5a. Federal Entity Identifier: na

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Self-Help Home Improvement Project

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-2990678

*** c. Organizational DUNS:** 088852603

d. Address:

*** Street1:** 3777 Meadowview Dr., #100
Street2:
*** City:** Redding
County:
*** State:** Callifornia
Province:
*** Country:** USA
*** Zip / Postal Code:** 96002

e. Organizational Unit:

Department Name: Self-Help Home Improvement Project

Division Name: na

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

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

Title: Executive Director

Organizational Affiliation:

*** Telephone Number:** 530-378-6905
Fax Number: 530-378-6910

*** Email:** kgrif@shhip.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.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Housing Preservation Grant

*** 12. Funding Opportunity Number:**

10-433

*** Title:**

Housing Preservation Grant

13. Competition Identification Number:

na

Title:

na

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

Shasta and Tehama Counties, California

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/1/09
* b. End Date: 10/1/11

18. Estimated Funding ($):

* a. Federal	$100,000.00
* b. Applicant	
* c. State	$325,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$425,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/20/09.

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

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

* Title: Executive Director

* Telephone Number: 530-378-6905
Fax Number: 530-378-6910

* Email: kgrif@shhip.org

* Signature of Authorized Representative: Keith Griffith
* Date Signed: 5/20/09

Authorized for Local Reproduction

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier DE-FC02-06ER25788 Supplemental

b. Agency Routing Number

2. DATE SUBMITTED

Applicant Identifier

RECEIVED
MAY 22 2009
STATE CLEARING HOUSE

5. APPLICANT INFORMATION *** Organizational DUNS:** 072933393

* Legal Name: UNIVERSITY OF SOUTHERN CALIFORNIA

Department: CONTRACTS & GRANTS Division:

* Street1: 837 DOWNEY WAY

Street2: STO 330

* City: LOS ANGELES County / Parish: LOS ANGELES

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90089-1147

Person to be contacted on matters involving this application

Prefix: * First Name: LISA Middle Name:

* Last Name: INOMATA-O'CONNELL Suffix:

* Phone Number: 213-740-6069 Fax Number: 213-740-6070

Email: linomata@ooc.usc.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-1642394

7. * TYPE OF APPLICANT: O: Private 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):

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Hierarchichal Petascale Simulation Framework for Stress Corrosion Cracking

12. PROPOSED PROJECT:

* Start Date: 10/01/2009 * Ending Date: 09/30/2012

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT** CA-033

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Priya Middle Name:

* Last Name: Vashishta Suffix:

Position/Title: Professor

* Organization Name: UNIVERSITY OF SOUTHERN CALIFORNIA

Department: CACS Division: ENGINEERING

* Street1: 3651 WATT WAY

Street2: VHE 608

* City: LOS ANGELES County / Parish: LOS ANGELES

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90089-0242

* Phone Number: 213-821-2663 Fax Number: 213-821-2664

* Email: priyav@usc.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	660,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	660,000.00
d. Estimated Program Income	0.00

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

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

DATE: 05/22/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | * First Name: Lisa | Middle Name:

* Last Name: Inomata O'Connell | Suffix:

* Position/Title: C&G Administrator

* Organization: UNIVERSITY OF SOUTHERN CALIFORNIA

Department: CONTRACTS & GRANTS | Division:

* Street1: 837 DOWNEY WAY

Street2: STO 330

* City: LOS ANGELES | County / Parish: LOS ANGELES

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 90089-1147

* Phone Number: 213-740-6069 | Fax Number: 213-740-6070

* Email: inomata@usc.edu

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

*** Date Signed** 5/22/2009 Completed on submission to Grants.gov

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☑ Construction ☐ 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: Cutler-Orosi Joint Unified School District	**Organizational Unit:** Department: Community Services
Organizational DUNS: 014763627	Division: After School Recreation Program
Address: Street: 12623 ave 416	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mrs; First Name: Melissa
City: Orosi	Middle Name: J.
County: Tulare	Last Name: Calvero
State: CA; Zip Code: 93647	Suffix:
Country: United States of America	Email: mcalvero@cojusd.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 77-0565326	Phone Number (give area code): 559-528-6949; Fax Number (give area code): 559-528-3562

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MAY 22 2009
STATE CLEARING HOUSE

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) H Other (specify) **9. NAME OF FEDERAL AGENCY:**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Cutler-Orosi Joint Unified School District Youth Center
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:	
13. PROPOSED PROJECT Start Date: 07/09; Ending Date: 06/10	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant; b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 50,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 50,000.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 100,000.00	☐ 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: Mrs	First Name: Carolyn	Middle Name: W
Last Name: Kehrli		Suffix
b. Title: Superintendent		c. Telephone Number (give area code): 559-528-4763
d. Signature of Authorized Representative: Carolyn Kehrli		e. Date Signed: 4/1/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ 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: Cutler-Orosi Joint Unified School District	Organizational Unit: Department: Community Services
Organizational DUNS: 014763627	Division: Adult School/Family Ed Center
Address: Street: 12623 ave 416	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs First Name: Melissa
City: Orosi	Middle Name J.
County: Tulare	Last Name Calvero
State: CA Zip Code 93647	Suffix:
Country: United States of America	Email: mcalvero@cojusd.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0565326	Phone Number (give area code) 559 528-6949 Fax Number (give area code) ~~559-528-3562~~

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STATE CLEARINGHOUSE

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) H Other (specify) 9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cutler-Orosi Joint Unified School District Family Education Center
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 07/09	Ending Date: 06/10	a. Applicant 20,21	b. Project 20,21

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 50,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 92,685.00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 142,685.00	☐ 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 Mrs	First Name Carolyn	Middle Name W.
Last Name Kehril		Suffix
b. Title Superintendent		c. Telephone Number (give area code) 559-528-4763
d. Signature of Authorized Representative Carolyn Kehril		e. Date Signed 4/1/09

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] 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:

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MAY 22 2009
STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Capitola

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002834

* c. Organizational DUNS: 121387393

d. Address:

* Street1: 420 Capitola Ave.
Street2:
* City: Capitola,
County: Santa Cruz
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95010

e. Organizational Unit:

Department Name: Office of the City Manager

Division Name:

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

Prefix: Mr.
* First Name: Richard
Middle Name: C.
* Last Name: Hill
Suffix:

Title: City Manager

Organizational Affiliation: City of Capitola

* Telephone Number: (831) 475-7300
Fax Number: 831 464-8659

* Email: rhill@ci.capitola.ca.us

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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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MAY 22, 2009
STATE CLEARING HOUSE

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

03

Title:

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

Primarily the City of Capitola will be impacted, and to the degree traffic circulation is improve Santa Cruz County.

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

Parking and City Hall re-siting plan to allow for commercial growth and expansion.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 17th
* b. Program/Project: 17th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/12/2009
* b. End Date: 10/29/2010

18. Estimated Funding ($):

* a. Federal	40,000.00
* b. Applicant	10,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	50,000.00

*** 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 05/22/2009.
- [ ] 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

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)**

- [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: Mr. * First Name: Richard

Middle Name: C.

* Last Name: Hill

Suffix:

* Title: City Manager

* Telephone Number: (831) 475-7300 Fax Number:

* Email: rhill@ci.capitola.ca.us

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

5/21/09

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)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

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STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: Wasco Affordable Housing, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2164162

*c. Organizational DUNS: 021059779

d. Address:

*Street 1: 1406 7th Street
Street 2: PO Box 625
*City: Wasco
County: Kern
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93280

e. Organizational Unit:

Department Name: Division Name:

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

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

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 661-758-0566 Fax Number: 661-758-0555

*Email: ewascoaffordabl@bak.rr.om

Application for Federal Assistance SF-424 Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.415

CFDA Title:

Rural Rental Housing Loans - USDA/RD

***12 Funding Opportunity Number:**

Section 515 of Housing Act of 1949

*Title:

Section 515 Rural Rental Housing Program

13. Competition Identification Number:

Title:

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

City of Wasco, County of Kern, State of California

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

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 20th *b. Program/Project: 20th

17. Proposed Project:

*a. Start Date: June 2011 *b. End Date: June 2012

18. Estimated Funding ($):

*a. Federal	1,000,000.00	USDA
*b. Applicant	400,000.00	WAHI EQUITY
*c. State	2,000,000.00	CITY OF WASCO - HOME PROGRAM
*d. Local	5,250,000.00	FEDERAL TAX CREDIT EQUITY
*e. Other		
*f. Program Income	350,000.00	DEFERRED DEVELOPER FEE
*g. TOTAL	9,000,000.00	

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/21/2009

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: Patrick

Middle Name:

*Last Name: Newman

Suffix:

*Title: Executive Director

*Telephone Number: 661-758-0566 Fax Number: 661-758-0555

* Email: ewascoaffordabl@bak.rr.com

*Signature of Authorized Representative: *Date Signed: 5/19/2009

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 5/21/09

Applicant Identifier:

1. TYPE OF SUBMISSION:
Application
☒ Construction
☒ Non-Construction
Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Kathy Banh
(213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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

State Chartered Transit District

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MAY 26 2009
STATE CLEARING HOUSE

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

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: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500
TITLE 49 U.S.C. § 5309

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Fiscal Year 2009 Fixed Guideway, CA-05-0212-03

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
07/01/2006	6/30/2009	Districts 24 through 39, and 41	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	23,981,121.00
b Applicant	$	.00
c State	$	.00
d Local	$	5,995,280.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	29,976,401.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 5/21/09
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a Typed Name of Authorized Representative	b Title	c Telephone number
Gladys Lowe	Director, Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Gladys L. Lowe	5/21/2009

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 5/21/09

Applicant Identifier:

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction
Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Kathy Banh
(213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

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:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
TITLE 49 U.S.C. § 5309

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Crenshaw – Prairie Transit Corridor CA-04-0034-02

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
12/1/06	12/31/10	Districts 24 through 39, and 41	33,35,36

15. ESTIMATED FUNDING		
a Federal	$	1,924,940.00
b Applicant	$	.00
c State	$	.00
d Local	$	481,235.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	2,406,175.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 5/21/09
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a Typed Name of Authorized Representative	b Title	c Telephone number
GLADYS LOWE	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
Roland Christian	5/21/2009

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Livingston Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250
Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Livingston, Merced County, California

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

Livingston Family Apartments: 49-unit multi-family apartment complex; consisting of 16/2-bdrm units, 25/3-bdrm units & 8/4-bdrm units - to be located on the northwest corner of Lincoln Blvd. & Newcastle Drive in Livingston, Merced County, California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: ID-001
* b. Program/Project: CA-018

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	348,500.00	Deferred Developer's Fee
* c. State	1,900,000.00	City of Livingston / HOME Funds
* d. Local	1,000,000.00	Permanent Lender / Conventional Loan
* e. Other	9,541,507.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	13,790,007.00	Total Development Cost

*** 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 05-26-2009

☐ 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: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-26-2009

Authorized for Local Reproduction

By: [signature]

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier: DE-FG02-91ER40662
b. Agency Routing Number:

2. DATE SUBMITTED:
Applicant Identifier:

5. APPLICANT INFORMATION
* Organizational DUNS: 092530369
* Legal Name: Regents of the University of California
Department: Off. of Contract & Grant Admin
Division: Univ. of Calif, Los Angeles
* Street1: 11000 Kinross Ave, Suite 102
Street2:
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90024-1406

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MAY 26 2009
STATE CLEARING HOUSE

Person to be contacted on matters involving this application
Prefix: Ms.
* First Name: Kristin
Middle Name:
* Last Name: Lund
Suffix:
* Phone Number: 310-794-0171
Fax Number: 310-794-0631
Email: klund@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1956006143A1

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):

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Supplemental Funding Proposal for Experimental & Theoretical High Energy Physics Research at UCLA

12. PROPOSED PROJECT:
* Start Date: 01/15/2009
* Ending Date: 01/14/2010

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-030

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Prof.
* First Name: David
Middle Name:
* Last Name: Cline
Suffix:
Position/Title:
* Organization Name: David Cline
Department: 1000
Division: Univ. of Calif, Los Angeles
* Street1: Box 951547
Street2: UCLA Physics & Astronomy
* City: Los Angeles
County / Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 90024-1406
* Phone Number: 310-825-1673
Fax Number:
* Email: dcline@physics.ucla.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	164,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	1,640,000.00
d. Estimated Program Income	0.00

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

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

DATE: 05/21/2009

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Ms. * First Name: Kristin Middle Name:

* Last Name: Lund Suffix:

* Position/Title: Grant Analyst

* Organization: Regents of University of California

Department: Off. of Contract & Grant Admin Division: Univ. of Calif, Los Angeles

* Street1: 11000 Kinross Ave, Suite 102

Street2:

* City: Los Angeles County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0171 Fax Number: 310-794-0631

* 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

Add Attachment | Delete Attachment | View Attachment

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☒ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
N/A

*5b. Federal Award Identifier:
N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

*a. Legal Name: Rural Communities Housing Development Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2319484

*c. Organizational DUNS:
034976589

d. Address:

*Street 1: 499 Leslie St.
Street 2:
*City: Ukiah
County: Mendocino
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95482

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: Richard
Middle Name: James
*Last Name: Martin
Suffix: Jr.

Title: Analyst

Organizational Affiliation:
Rural Communities Housing Development Corporation

*Telephone Number: 707.463.1975 x131
Fax Number: 707.463.2252

*Email: rmartin@rchdc.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.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Rural Housing Service - USDA

11. Catalog of Federal Domestic Assistance Number:
10.427

CFDA Title:
Rural Rental Housing Loans

***12 Funding Opportunity Number:**
N/A

*Title:

13. Competition Identification Number:
N/A

Title:
N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Ukiah, County of Mendocino, State of California

***15. Descriptive Title of Applicant's Project:**
"Clara Court Apartments" is the title of a proposed 32-unit low-income affordable housing project at the corner of Clara and Orchard Streets in the City of Ukiah, CA. The project will provide two, three, and four bedroom units for families at 50%, 55%, and 60% of the area's AMI. The project is in an advanced state of readiness (funding secured, entitlements in place) and is scheduled to break ground in August 2009 with a 12-month window for construction.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: August 1, 2009 *b. End Date: September 15, 2010

18. Estimated Funding ($):

*a. Federal	a. 275,551
*b. Applicant	b. 150,000
*c. State	c. 6,169,064
*d. Local	d. 1,121,500
*e. Other	e. 975,000
*f. Program Income	g. 8,691,115
*g. TOTAL	

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/26/2009

☐ 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: Bruce

Middle Name:

*Last Name: Alfano

Suffix:

*Title: Chief Executive Officer

*Telephone Number: 707.463.1975 x132 Fax Number: 707.463.2252

*Email: balfano@rchdc.org

*Signature of Authorized Representative: *Date Signed: 5/27/2009

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)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ 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:

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: Community Housing Improvement Program, Incorporated

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2223398

*c. Organizational DUNS: 010998797

d. Address:

*Street 1: 1001 Willow Street
Street 2:
*City: Chico
County: Butte
*State: CA
Province:
*Country: U.S.A.
*Zip / Postal Code 95928

e. Organizational Unit:

Department Name: N/A

Division Name:

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

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

Title: Multifamily Co- Manager

Organizational Affiliation:

*Telephone Number: (530) 891-6931, ext. 242 Fax Number: (530) 891-4442

*Email: mdemers@chiphousing.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.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.415/ 10.427

CFDA Title:

Rural Rental Housing Loans & Rural Rental Assistance Payments

***12 Funding Opportunity Number:**

10.415 / 10.427

*Title:

Rural Rental Housing Loans & Rural Rental Assistance Payments

13. Competition Identification Number:

n/a

Title:

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

Biggs, Butte County

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

Family Apartment Complex --Application for RD 515 funds of $1,000,000 and rental assistance.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: 8/2009 *b. End Date: 10/2011

18. Estimated Funding ($):

*a. Federal	1,000,000
*b. Applicant	
*c. State	4,485,000
*d. Local	2,180,484
*e. Other	
*f. Program Income	
*g. TOTAL	7,665,484

***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: David

Middle Name: _____

*Last Name: Ferrier

Suffix: _____

*Title: Executive Director

*Telephone Number: (530) 891-6931, ext. 240 | Fax Number: (530) 891-4442

* Email: dferrier@chiphousing.org

*Signature of Authorized Representative: | *Date Signed: 5/26/2009

OMB Number: 4040-004
Expiration Date: 01/31/2009

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

If Revision, select appropriate letter(s)

Other (specify):

3. Date Received

4. Applicant Identifier:

5a. Fed Entity Identifier:

5b. Federal Award Identifier:
R021438

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: State of California

b. Employer/Taxpayer Identification Number (EIN/TIN):
680364962

c. Organizational DUNS:
002540768

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d. Address:

Street 1: 1516 Ninth Street MS-1

Street 2:

City: Sacramento

County: Sacramento

State: CA

Province:

Country: U.S.A.

Zip / Postal Code: 95814-5512

e. Organizational Unit:

Department Name:

Division Name:
California Energy Commission

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

Prefix:

First Name: Sherry

Middle Name:

Last Name: Mediati

Suffix:

Title: Grants and Loans Manager

Organizational Affiliation:

Telephone Number: (916)654-4204

Fax Number: (916)654-4076

Email: SMediati@energy.state.ca.us

OMB Number: 4040-004
Expiration Date: 01/31/2009

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

9. Type of Applicant:

A State Government (State)

10. Name of Federal Agency:

U. S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

12. Funding Opportunity Number:

DE-FOA-0000073

Title:

13. Competition Identification Number:

Title:

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

Statewide

15. Descriptive Title of Applicant's Project:

OMB Number: 4040-004
Expiration Date: 01/31/2009

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

16.Congressional District Of:

a. Applicant: 05 b. Program/Project: Statewide

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

17. Proposed Project:

a. Start Date: 07/01/2009 b. End Date: 06/30/2010

18. Estimated Funding ($):

a. Federal	1,569,000.00
b. Applicant	313,800.00
c. State	1,232,905.94
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	3,115,705.94

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: 05/26/2009

[ ] 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)

No

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

[ ] I AGREE

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

Authorized Representative:

Prefix: First Name:

Middle Name:

Last Name:

Suffix:

Title:

Telephone Number: Fax Number:

Email:

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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MAY 26 2009
STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier: EDA

* 5b. Federal Award Identifier: 11-302

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Tri-County Economic Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0065873

* c. Organizational DUNS: 152404116

d. Address:

* Street1: 3120 Cohasset Rd., Suite 5
Street2:
* City: Chico
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95973

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: Sheri
Middle Name:
* Last Name: Nix
Suffix:

Title: Senior Program Manager

Organizational Affiliation: Tri-County Economic Development Corporation

* Telephone Number: (530) 893-8732 X206
Fax Number: (530) 893-0820

* Email: sheri@tricountyedc.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: 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:**

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.302

CFDA Title:

Economic Development_Support for Planning Organizations

*** 12. Funding Opportunity Number:**

EDA10012008EDAP

* Title:

Economic Development Assistance Programs

13. Competition Identification Number:

02

Title:

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

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

The program objectives of this investment will support Economic Development programs that will foster job creation for the unemployed and under-employed, and enhance job retention in the District.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 2
* b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2009
* b. End Date: 06/30/2010

18. Estimated Funding ($):

* a. Federal	77,189.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	33,081.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	110,270.00

*** 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 05/25/2009.

[ ] 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 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)**

[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: Mr.
* First Name: Marc
Middle Name:
* Last Name: Nemanic
Suffix:

* Title: Executive Director
* Telephone Number: (530) 893-8732 X204
Fax Number: (530) 893-0920
* Email: marc@tricountyedc.org
* Signature of Authorized Representative:
* Date Signed: 5/26/09

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

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)**

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MAY 27 2009
STATE CLEARING HOUSE

*** 3. Date Received:** Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** CITY OF PALMDALE

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 952226242

*** c. Organizational DUNS:** 782035521

d. Address:

*** Street1:** 38300 SIERRA HIGHWAY
Street2:
*** City:** PALMDALE
County: LOS ANGELES
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 93550

e. Organizational Unit:

Department Name: PUBLIC SAFETY & COMM. REL

Division Name: EMERGENCY MANGEMENT

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

Prefix: Ms.
*** First Name:** ANNE
Middle Name: V
*** Last Name:** AMBROSE
Suffix:

Title: DIRECTOR OF PUBLIC SAFETY & COMM. REL

Organizational Affiliation: CITY OF PALMDALE

*** Telephone Number:** 661-267-5181
Fax Number: 661-267-5554

*** Email:** aambrose@cityofpalmdale.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:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-OTHERTECH-2009-1

* Title:

COPS Technology Program

13. Competition Identification Number:

Title:

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

City of Palmdale, Los Angeles County

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

City of Palmdale EOC Technology

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 25 * b. Program/Project: 25

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2009 * b. End Date: 06/30/2010

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	100,000.00

*** 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 05/27/2009

[ ] 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 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)**

[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: Mr. * First Name: STEPHEN

Middle Name: H

* Last Name: WILLIAMS

Suffix:

* Title: CITY MANAGER

* Telephone Number: 661-267-5102 Fax Number: 661-267-5211

* Email: swilliams@cityofpalmdale.org

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

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Standard Form 424 (Revised 10/2005)
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Close Form Next Print Form Save Form

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

Application for Federal Assistance SF-424

Version 02

1. Type of Submission:
- [X] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

2. Type of Application:
- [X] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Parkside Village Partners II, a California Limited Partnership

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

* c. Organizational DUNS: [illegible]

d. Address:

* Street1: 8445 W. Flower Court P.O. Box 6526

Street2:

* City: Visalia

County: County of Tulare

* State: CA

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93291

e. Organizational Unit:

Department Name: Multi-Family Housing

Division Name: N/A

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

Prefix:

* First Name: David

Middle Name:

* Last Name: Pingel

Suffix: Mr.

Title: Multi-family Program Director

Organizational Affiliation: N/A

* Telephone Number: 559-802-0681

Fax Number: 559-651-3634

* Email: dpingel@selfhelpenterprises.org

Close Form | Previous | Next | Print Page | About

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

C. For-Profit Organization (Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Rural Housing Service (RHS) USDA

11. Catalog of Federal Domestic Assistance Number:

10.415 /10.427

CFDA Title:

10.415 Rural Rental Housing Loans / 10.427 Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

City of Madera and County of Madera

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

Parkesdale Village II is a new construction 48-unit multi family housing project with a community room and recreational facilities.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Close Form | Previous | Next | Print Page | About

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA 001 * b. Program/Project CA 019

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date. 08/2010 * b. End Date. 06/2011

18. Estimated Funding ($):

* a. Federal	$1,000,000
* b. Applicant	$553,000
* c. State	$2,000,000
* d. Local	
* e. Other Tax Credits	$3,180,000
* f. Program Income	
* g. TOTAL	$11,320,000

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

[ ] 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 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)**

[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: Peter

Middle Name: N.

* Last Name: Carey

Suffix: Mr.

* Title: President/CEO of SHE GP of Rockdale Village Partners II, a CA Limited Partnership

* Telephone Number: 559-802-0809 Fax Number: 559-651-3634

* Email: petercc@selfhelpenterprises.org

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

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

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)

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier
B-09-MC-06-0523

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Los Angeles

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000735

*c. Organizational DUNS:
195388855

d. Address:

*Street 1: 1200 W. 7th Street
Street 2: 4th Floor
*City: Los Angeles
County: Los Angeles
*State: California
Province:
*Country: United States of America
*Zip / Postal Code 90017

e. Organizational Unit:

Department Name:
Community Development Department

Division Name:
Administrative Services Division

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

Prefix: Ms.
*First Name: Julie
Middle Name:
*Last Name: O'Leary
Suffix:

Approved as to Form and Legality
May 13, 2007
Rockard J. Delgadillo, City Attorney
By Teresa Tuyan

Title: Interim Director, Administrative Services Division

Organizational Affiliation:
Municipal Government

*Telephone Number: 213-744-7178
Fax Number: 213-744-9038

*Email: julie.oleary@lacity.org

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 24-27, 28-33, 34-37, 38, 46

*b. Program/Project: 24-27, 28-33, 34-37, 38, 46

17. Proposed Project:

*a. Start Date: 04/01/2009

*b. End Date: 03/31/2010

18. Estimated Funding ($):

*a. Federal	71,828,500
*b. Applicant	
*c. State	
*d. Local	
*e. Other	5,930,709
*f. Program Income	15,908,776
*g. TOTAL	93,667,985

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/09

☐ 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: Richard

Middle Name: L.

*Last Name: Benbow

Suffix:

*Title: General Manager

*Telephone Number: 213-744-7300

Fax Number: 213-744-9060

* Email: richard.benbow@lacity.org

*Signature of Authorized Representative:

*Date Signed: 05/13/2009

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 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: Livingston Pacific Associates, a California Limited Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): (not yet received)

* c. Organizational DUNS: (not yet received)

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MAY 27 2009
STATE CLEARING HOUSE

d. Address:

* Street1: 430 East State Street, Suite 100
Street2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: United State of America
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name: California Limited Partnership

Division Name:

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

Prefix:
* First Name: Margo
Middle Name: E.
* Last Name: Swedberg
Suffix:

Title: Owner / Consultant

Organizational Affiliation: Gar-Mar Associates

* Telephone Number: 530/823-9250
Fax Number: 530/823-2169

* Email: garmar@ncbb.net

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:

Q - Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10-415

CFDA Title:

Rural Rental Housing Loans / Section 515

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Livingston, Merced County, California

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

Livingston Family Apartments: 49-unit multi-family apartment complex; consisting of 16/2-bdrm units, 25/3-bdrm units & 8/4-bdrm units - to be located on the northwest corner of Lincoln Blvd. & Newcastle Drive in Livingston, Merced County, California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant ID-001 * b. Program/Project CA-018

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

Add Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009 * b. End Date: 10/01/2010

18. Estimated Funding ($):

* a. Federal	1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	348,500.00	Deferred Developer's Fee
* c. State	1,900,000.00	City of Livingston / HOME Funds
* d. Local	1,000,000.00	Permanent Lender / Conventional Loan
* e. Other	9,541,507.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	13,790,007.00	Total Development Cost

*** 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 05-26-2009

☐ 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: Caleb

Middle Name: J.

* Last Name: Roope, Manager for:

Suffix:

* Title: Roope, LLC - General Partner

* Telephone Number: 208/461-0022 ext.3015 Fax Number: 208/461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: 05-26-2009

Authorized for Local Reproduction

By: _____

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED May 29, 2009		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
☐ Construction	X Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO. 19	Organizational Unit. Department: PUBLIC WORKS AGENCY
Organizational DUNS: 06691122	Division: WATER AND SANIATION DEPARTMENT
Address: P. O BOX 250	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 6767 SPRING ROAD	Prefix: Mr. / First Name R.
City: MORPARK	Middle Name: REDDY
County: VENTURA	Last Name: PAKALA
State: CALIFORNIA / Zip Code: 93021	Suffix:
Country: USA	Email: reddy pakala@mail.co ventura ca.us
6 EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944	Phone Number (give area code) 805.378-3005 / Fax Number (give area code) 805.529-7542

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MAY 28 2009
STATE CLEARING HOUSE

8 TYPE OF APPLICATION:
X 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.

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:
Ventura County Waterworks District No. 19 Pipelines Replacement – Somis Community

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

13. PROPOSED PROJECT
Start Date: JULY 2005 / Ending Date: JULY 2006

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 24TH DISTRICT / b. Project: 24TH DISTRICT

15. ESTIMATED FUNDING:

a. Federal	$10,000,000
b. Applicant	$
c. State	$
d Local	$
e Other	$
f. Program Income	$
g TOTAL	$10,000,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON May 27, 2009
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 X 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 R	Middle Name REDDY
Last Name PAKALA		Suffix
b Title DIRECTOR		c Telephone Number (give area code) 805.378.3005
d Signature of Authorized Representative		e. Date Signed 5/26/09

90ET0407 (916) 325-2549 treese@cal-neva.org

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):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Applicant Identifier:

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MAY 28 2009
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: 90ET0407

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California/Nevada Community Action Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2392452

* c. Organizational DUNS: 032139768

d. Address:

* Street1: 225 30th street, Suite 200
Street2:
* City: Sacramento
County:
* State: California
Province:
* Country:
* Zip / Postal Code: 95816

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: Tim

Middle Name:

* Last Name: Reese

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 916-443-1721

Fax Number: 916-325-2549

* Email: treese@cal-neva.org

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2 DATE SUBMITTED May 29, 2009	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction ☐ Non-Construction	X Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO 19		Organizational Unit: Department: PUBLIC WORKS AGENCY	
Organizational DUNS: 06691122		Division: WATER AND SANIATION DEPARTMENT	
Address P. O. BOX 250	RECEIVED MAY 28 2009 STATE CLEARING HOUSE	Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street. 6767 SPRING ROAD		Prefix: Mr.	First Name: R.
City: MORPARK		Middle Name: REDDY	
County: VENTURA		Last Name: PAKALA	
State: CALIFORNIA	Zip Code: 93021	Suffix:	
Country: USA		Email. reddy.pakala@mail.co.ventura.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) 805.378-3005	Fax Number (give area code) 805.529-7542

8. TYPE OF APPLICATION: X 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:
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. 860 Reservoir Replacement
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): VENTURA COUNTY, CALIFORNIA	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: JULY 2005	Ending Date: JULY 2006	a. Applicant: 24TH DISTRICT	b. Project: 24TH DISTRICT

15. ESTIMATED FUNDING.		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$250,000	a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON May 27. 2009.
b. Applicant	$	
c. State	$	
d. Local	$	
e. Other	$	b. No ☐ PROGRAM IS NOT COVERED BY E O 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17 IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g TOTAL	$250,000	☐ Yes If "Yes" attach an explanation X 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 R	Middle Name REDDY
Last Name PAKALA		Suffix
b. Title DIRECTOR		c Telephone Number (give area code) 805.378 3005
d. Signature of Authorized Representative		e. Date Signed 5/26/09

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED May 29, 2008		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
☐ Construction ☐ Non-Construction	X Construction ☐ Non-Construction

5 APPLICANT INFORMATION

Legal Name. VENTURA COUNTY WATERWORKS DISTRICT NO. 19	Organizational Unit. Department: PUBLIC WORKS AGENCY
Organizational DUNS: 06691122	Division: WATER AND SANIATION DEPARTMENT
Address: P O. BOX 250	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 6767 SPRING ROAD	Prefix: Mr. / First Name: R.
City: MORPARK	Middle Name: REDDY
County: VENTURA	Last Name: PAKALA
State: CALIFORNIA / Zip Code: 93021	Suffix:
Country: USA	Email: reddy.pakala@mail.co ventura.ca.us
6 EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944	Phone Number (give area code) 805 378-3005 / Fax Number (give area code) 805.529-7542
8. TYPE OF APPLICATION: X 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:
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: Ventura County Waterworks District No. 19 Well #2 Iron and Manganese Removal
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): VENTURA COUNTY, CALIFORNIA	
13. PROPOSED PROJECT Start Date: JULY 2005 / Ending Date: JULY 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24TH DISTRICT / b. Project. 24TH DISTRICT

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$1,500,000	a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON May. 27, 2009:
b. Applicant	$	
c. State	$	
d. Local	$	
e. Other	$	b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$1,500,000	☐ Yes If "Yes" attach an explanation X 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 R	Middle Name REDDY
Last Name PAKALA		Suffix
b. Title DIRECTOR		c. Telephone Number (give area code) 805 378 3005
d. Signature of Authorized Representative		e. Date Signed 5/26/09

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application	Pre-application	**2. DATE SUBMITTED** May 28, 2009	Applicant Identifier
☐ **Construction**	☑ **Construction**	**3. DATE RECEIVED BY STATE**	State Application Identifier
☐ **Non-Construction**	☐ **Non-Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Grizzly Flats Community Services District	**Organizational Unit:** Department: N/A
Organizational DUNS: 931954127	Division: N/A
Address: Street: P.O. Box 250, 4765 Sciaroni Road	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. / First Name: Heinz
City: Grizzly Flats	Middle Name: Heinrich
County: El Dorado	Last Name: Hamann
State: California / Zip Code: 95636	Suffix:
Country: United States	Email: heinzh@att.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-3443104	Phone Number (give area code): (209) 217-7691 / Fax Number (give area code): (916) 484-7896

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8. TYPE OF APPLICATION: ☑ **New** ☐ **Continuation** ☐ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) 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):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** GFCSD Water System Improvement Project
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: The community of Grizzly Flats, CA., located in El Dorado County	
13. PROPOSED PROJECT Start Date: April-June 2010 / Ending Date: October-November 2010	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant CA-04 / b. Project CA-04

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 1,148,550.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 27, 2009
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 1,148,550.00	☐ 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: ~~Bob~~ ROBERT	Middle Name: LORENTZ
Last Name: Hovland		Suffix: JR.
b. Title: General Manager		c. Telephone Number (give area code): (530) 622-9626
d. Signature of Authorized Representative: [signature]		e. Date Signed: May 27, 2009

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)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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MAY 29 2009
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: Japanese American National Museum

*b. Employer/Taxpayer Identification Number (EIN/TIN): 953966024

*c. Organizational DUNS: 131274441

d. Address:

*Street 1: 369 East First Street
Street 2:
*City: Los Angeles
County:
*State: CA
Province:
*Country: USA
*Zip / Postal Code 90012

e. Organizational Unit:

Department Name: Education

Division Name:

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

Prefix: Ms. *First Name: Sarah
Middle Name:
*Last Name: Carle
Suffix:

Title: Grant Coordinator

Organizational Affiliation:

*Telephone Number: 213-830-5670 Fax Number: 213-830-5672

*Email: scarle@janm.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.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
National Park Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:
Japanese American Confinement Sites Grant Program

13. Competition Identification Number:

Title:

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

National

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

Whose America? Who's American? A Framework for Teaching the Japanese American Experience in Fifty States

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 34 *b. Program/Project: all

17. Proposed Project:

*a. Start Date: 10/1/2009 *b. End Date: 9/30/2010

18. Estimated Funding ($):

*a. Federal	182,850
*b. Applicant	93,834
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	276,684

***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 5/29/09

☐ 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: Akemi

Middle Name:

*Last Name: Kikumura Yano

Suffix:

*Title: President & CEO

*Telephone Number: 213-830-5611 Fax Number: 213-687-9135

* Email: akikumura@janm.org

*Signature of Authorized Representative: *Date Signed: 5//29/09

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 18, 2009		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
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City of Alturas

Organizational DUNS: 15-416-1728

Address:
Street: 200 W. North Street
City: Alturas
County: Modoc
State: California
Zip Code: 96101
Country: USA

Organizational Unit:
Department: Public Works
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Chester
Middle Name
Last Name: Robertson
Suffix:
Email: crobertson@cityofalturas.org
Phone Number (give area code): 530-233-2377
Fax Number (give area code): 530-233-3559

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000290

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
C. Municipal
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:
Alturas Municipal Airport, Alturas, Modoc County, California
Reseal Joints in Runway, Taxiway, and Apron Pavements

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

13. PROPOSED PROJECT
Start Date: 2009
Ending Date: 2009

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

15. ESTIMATED FUNDING:

a. Federal	$ 294,500.00
b. Applicant	$ 8,138.00
c. State	$ 7,363.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 310,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: May 19, 2009
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: Chester Middle Name
Last Name: Robertson Suffix
b. Title: Director of Public Works
c. Telephone Number (give area code): (530) 233-2377
d. Signature of Authorized Representative: Chester Robertson
e. Date Signed: 05/26/09