Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2010.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 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: S-09-UC-06-0507

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

RECEIVED
MAY 17 2010
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of Ventura

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

*c. Organizational DUNS: 066691122

d. Address:

*Street 1: Hall of Administration
Street 2: 800 S. Victoria Avenue, L#1940
*City: Ventura
County: Ventura
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93009

e. Organizational Unit:

Department Name: County Executive Office

Division Name: Regional Development Division

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

Prefix: Ms. *First Name: Christy
Middle Name:
*Last Name: Madden
Suffix:

Title: Deputy Executive Officer

Organizational Affiliation:

*Telephone Number: 805-654-2679 Fax Number: 805-654-5106

*Email: christy.madden@ventura.org

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.231

CFDA Title:

Emergency Shelter Grants Program

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County of Ventura

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

Ventura County FY 2010-11 Annual Plan - Emergency Shelter Program

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 23rd and 24th *b. Program/Project: 23rd and 24th

17. Proposed Project:

*a. Start Date: 7/1/2010 *b. End Date: 6/30/2011

18. Estimated Funding ($):

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

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/14/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Marty

Middle Name:

*Last Name: Robinson

Suffix:

*Title: County Executive Officer

*Telephone Number: 805-654-2681 Fax Number: 805-654-5106

* Email: marty.robinson@ventura.org

*Signature of Authorized Representative: Marty Robinson *Date Signed: 5-5-2010

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED
MAY 17 2010
STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier: B-09-UC-06-0507

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of Ventura

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

*c. Organizational DUNS: 066691122

d. Address:

*Street 1: Hall of Administration
Street 2: 800 S. Victoria Avenue, L#1940
*City: Ventura
County: Ventura
*State: CA
Province:
*Country: USA
*Zip / Postal Code 93009

e. Organizational Unit:

Department Name: County Executive Office

Division Name: Regional Development Division

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

Prefix: Ms.
*First Name: Christy
Middle Name:
*Last Name: Madden
Suffix:

Title: Deputy Executive Officer

Organizational Affiliation:

*Telephone Number: 805-654-2679
Fax Number: 805-654-5106

*Email: christy.madden@ventura.org

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grants/Entitlement Grants

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

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

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

Ventura County FY 2010-11 Annual Plan - Community Development Block Grant Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 23rd and 24th *b. Program/Project: 23rd and 24th

17. Proposed Project:

*a. Start Date: 7/1/2010 *b. End Date: 6/30/2011

18. Estimated Funding ($):

*a. Federal	$2,165,344
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$2,165,344

***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 5/17/2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Marty

Middle Name:

*Last Name: Robinson

Suffix:

*Title: County Executive Officer

*Telephone Number: 805-654-2681 Fax Number: 805-654-5106

* Email: marty.robinson@ventura.org

*Signature of Authorized Representative: Marty Robinson *Date Signed: 5-5-2010

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 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:

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State Use Only:

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

8. APPLICANT INFORMATION:

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

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

d. Address:

* Street 1: 430 East State Street, Suite 100
Street 2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - 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:**

NGMS 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:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Lakeport, Lake County, California

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

Lakeport Senior Apartments: a 48-unit senior citizens apartment complex; consisting of 36/1-bdrm units, 12/2-bdrm units, and community building - to be located at 1075 Martin Street in Lakeport, Lake County, California.

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2011 * b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	$357,000.00	Deferred Developer's Fee
* c. State	$1,100,000.00	City of Lakeport / RDA Funds
* d. Local	$2,000,000.00	City of Lakeport / HOME Funds
* e. Other	$6,816,055.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	$11,273,055.00	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 05-14-2010.

☐ 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 Explanation

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

☑ **I AGREE

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

Authorized Representative:

Prefix: * First Name: Caleb

Middle Name: J.

* Last Name: Roope

Suffix:

* Title: Development Consultant

*Telephone Number: (208) 461-0022 Fax Number: (208) 461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative: * Date Signed: 05-11-2010

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: 20101421 Lavallee

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: 956006145W

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006145W

* c. Organizational DUNS: 094878394

d. Address:

* Street1: 3227 Cheadle Hall
Street2:
* City: Santa Barbara
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name: Institute for Crustal Studies

Division Name:

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

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

Title: Associate Researcher

Organizational Affiliation:

* Telephone Number: 805-893-8467

Fax Number: 805-893-2578

* Email: daniel@crustal.ucsb.edu

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:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

11HQPA0001

* Title:

Earthquake Hazards Reduction Program

13. Competition Identification Number:

11HQPA0001

Title:

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

NONE

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

Analysis and Modeling of Seismic Slip Profiles Recorded at the Surface.

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: 20101433 Devecchio

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: 956006145W

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006145W

* c. Organizational DUNS: 094878394

d. Address:

* Street1: 3227 Cheadle Hall
Street2:
* City: Santa Barbara
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name: Institute for Crustal Studies

Division Name:

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

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

Title: Assistant Researcher

Organizational Affiliation:

* Telephone Number: 805-403-9572
Fax Number: 805-893-2578

* Email: duanedevecchio@mac.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

11HQPA0001

* Title:

Earthquake Hazards Reduction Program

13. Competition Identification Number:

11HQPA0001

Title:

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

NONE

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

Resolving the Fault Slip-Rate Discrepancy on the Red Mountain Fault Along the Coast of Southern California, Ventura County.

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: 20101398 Archuleta

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: 956006145W

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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MAY 17 2010
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006145W

* c. Organizational DUNS: 094878394

d. Address:

* Street1: 3227 Cheadle Hall
Street2:
* City: Santa Barbara
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name: Institute for Crustal Studies

Division Name:

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

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

Title: Professor

Organizational Affiliation:

* Telephone Number: 805-893-8441 Fax Number: 805-893-2578

* Email: ralph@crustal.ucsb.edu

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:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

11HQPA0001

* Title:

Earthquake Hazards Reduction Program

13. Competition Identification Number:

11HQPA0001

Title:

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

NONE

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

Strong Ground Motions in Salt Lake City and Other Metropolitan Areas from Large Earthquakes on the Wasatch Fault.

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:	* 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:
Completed by Grants.gov upon submission.	20101429_Nicholson

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

State Use Only:

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

RECEIVED
MAY 17 2010
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956006145W	094878394

d. Address:

* Street1:	Office of Research
Street2:	University of California
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

e. Organizational Unit:

Department Name:	Division Name:
Marine Science Institute	

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

Prefix:	Dr.	* First Name:	Craig
Middle Name:			
* Last Name:	Nicholson		
Suffix:			

Title: Research Geophysicist

Organizational Affiliation:

* Telephone Number:	(805) 893-8384	Fax Number:	(805) 893-8062

* Email: nicholson@msi.ucsb.edu

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:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

11HQPA0001

* Title:

Earthquake Hazards Reduction Program

13. Competition Identification Number:

11HQPA0001

Title:

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

San Bernardino, Imperial, Riverside and San Diego Counties in California

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

Mapping Active 3D Fault Planes in Southern California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 5-14-10	Applicant Identifier R9 Tracking #: 10-323	
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: South Coast Air Quality Management District

Organizational DUNS: 953099419

Address:
Street: 21865 Copley Dr.
City: Diamond Bar, CA
County: Los Angeles
State: CA
Zip Code: 91765
Country: USA

Organizational Unit:
Department: Science & Technology Advancement
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Mary
Middle Name
Last Name: Leonard
Suffix:
Email: mleonard@aqmd.gov
Phone Number (give area code): 909-396-2780
Fax Number (give area code): 909-396-2765

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3099419

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)
Other (specify) Regional Agency

9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-034
TITLE (Name of Program): Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
National Air Toxics Trends Station (NATTS) FY 10-11

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Orange and the non-desert areas of San Bernardino, L.A. and Riverside counties.

13. PROPOSED PROJECT
Start Date: 07/01/2010
Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 25-49
b. Project: 25-49

15. ESTIMATED FUNDING:

a. Federal	$ 220,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 220,000.00

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: 5-14-10
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix:
First Name: Barry
Middle Name: R.
Last Name: Wallerstein
Suffix: D. Env.
b. Title: Executive Officer
c. Telephone Number (give area code): 909-396-2100
d. Signature of Authorized Representative: Barry R. Wallerstein
e. Date Signed:

Previous Edition Usable
Authorized for Local Reproduction

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

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By:
Date: 5/13/10

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:

RECEIVED
MAY 17 2010
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: San Gabriel Valley Water Company dba, Fontana Water Company

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-1499179

*c. Organizational DUNS:
044427045

d. Address:

*Street 1: 15966 Arrow Route
Street 2: Post Office Box 987
*City: Fontana
County: San Bernardino
*State: California
Province:
*Country: USA
*Zip / Postal Code 92335

e. Organizational Unit:

Department Name:
N/A

Division Name:
Fontana Water Company

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

Prefix: Mr.
*First Name: Robert
Middle Name: Kenneth
*Last Name: Young
Suffix:

Title: General Manager

Organizational Affiliation:
Employee

*Telephone Number: 909-822-2201
Fax Number: 909-823-5046

*Email: rkyoung@fontanawater.com

Application for Federal Assistance SF-424 Version 02

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

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Public Water Utility

***10 Name of Federal Agency:**

Department of Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

***12 Funding Opportunity Number:**

R105F80157

*Title:

Water and Energy Efficiency Grants for 2010

13. Competition Identification Number:

Title:

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

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

Sandhill Surface Water Treatment Plant Small Scale Hydroelectric Project

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-043 *b. Program/Project: CA-043

17. Proposed Project:

*a. Start Date: 1/2012 *b. End Date: 6/2012

18. Estimated Funding ($):

*a. Federal	$500,000
*b. Applicant	$2,400,000
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	$2,900,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on April 30, 2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name: Kenneth

*Last Name: Young

Suffix:

*Title: General Manager

*Telephone Number: 909-822-2201 Fax Number: 909-823-5046

* Email: rkyoung@fontanawater.com

*Signature of Authorized Representative: *Date Signed: 4/30/2010

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

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:

RECEIVED
MAY 17 2010
STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: San Gabriel Valley Water Company dba, Fontana Water Company

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-1499179

*c. Organizational DUNS:
044427045

d. Address:

*Street 1: 15966 Arrow Route
Street 2: Post Office Boxx 987
*City: Fontana
County: San Bernardino
*State: California
Province:
*Country: USA
*Zip / Postal Code 92335

e. Organizational Unit:

Department Name:
N/A

Division Name:
Fontana Water Company

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

Prefix: Mr.
*First Name: Robert
Middle Name: Kenneth
*Last Name: Young
Suffix:

Title: General Manager

Organizational Affiliation:
Employee

*Telephone Number: 909-822-2201
Fax Number: 909-823-5046

*Email: rkyoung@fontanawater.com

Application for Federal Assistance SF-424 Version 02

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

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Public Water Utility

***10 Name of Federal Agency:**

Department of Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

***12 Funding Opportunity Number:**

R105F80157

*Title:

Water and Energy Efficiency Grants for 2010

13. Competition Identification Number:

Title:

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

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

Fontana Water Company Recycled Water Project - 1158 Zone

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-043 *b. Program/Project: CA-043

17. Proposed Project:

*a. Start Date: 1/2012 *b. End Date: 9/2012

18. Estimated Funding ($):

*a. Federal	$300,000
*b. Applicant	$6,500,000
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	$6,800,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on April 30, 2010

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name: Kenneth

*Last Name: Young

Suffix:

*Title: General Manager

*Telephone Number: 909-822-2201 Fax Number: 909-823-5046

* Email: rkyoung@fontanawater.com

*Signature of Authorized Representative: *Date Signed: 4/30/2010

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

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:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676

*c. Organizational DUNS: 056179906

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d. Address:

*Street 1: 8445 WEST ELOWIN COURT

Street 2: P.O. BOX 6520

*City: VISALIA

County: TULARE

*State: CALIFORNIA

Province:

*Country: USA: UNITED STATES

*Zip / Postal Code 93290

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: MR

*First Name: PATRICK

Middle Name:

*Last Name: ISHERWOOD

Suffix:

Title: ADMINISTRATIVE ANALYST

Organizational Affiliation:

*Telephone Number: (559) 802 - 1653

Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.org

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:**
USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:
RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2010: HOUSING PRESERVATION GRANTS

*Title:
NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2010

13. Competition Identification Number:

Title:

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

HPG-application target areas are the city limits of Woodlake, Exeter, Coalinga; and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.

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

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 21 *b. Program/Project: 18-21

17. Proposed Project:

*a. Start Date: 09/01/2010 *b. End Date: 9/1/2011

18. Estimated Funding ($):

*a. Federal	110,000
*b. Applicant	
*c. State	250,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	360,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/4/2010

☐ 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: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix:

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 5-5-10

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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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: Hollister Pacific Associates, a California Limited Partnership

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

d. Address:

* Street 1: 430 East State Street, Suite 100
Street 2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 83616

e. Organizational Unit:

Department Name:	Division Name:
California Limited Partnership	

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:	Fax Number:
(530) 823-9250	(530) 823-2169

* Email: garmar@ncbb.net

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - 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:**

NGMS 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:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Hollister, San Benito County, California

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

Hollister Family Apartments: a 65-unit multi-family apartment complex; consisting of 24/2-bdrm units, 33/-bdrm units, 8/4-bedrm units, and community building - to be located at 1480 San Juan in Hollister, San Benito County, California.

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: ID-001
* b. Program/Project: CA-017

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2011
* b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	$450,000.00	Deferred Developer's Fee
* c. State	$3,950,000.00	City of Hollister / RDA Funds
* d. Local	$3,200,000.00	Permanent Lender / Conventional Loan
* e. Other	$10,383,514.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	$18,983,514.00	Total Development Cost

*** 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 05-14-2010.
- [ ] 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.)**

- [x] Yes
- [ ] 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: Caleb
Middle Name: J.
* Last Name: Roope
Suffix:

* Title: Development Consultant

*Telephone Number: (208) 461-0022
Fax Number: (208) 461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative:
* Date Signed: 05-12-2010

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [ ] Application
- [x] 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: GRANT10601390

* 5b. Federal Award Identifier:

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STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California State University Long Beach Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6106694

* c. Organizational DUNS: 006199129

d. Address:

* Street1: 6300 State University Drive
Street2:
* City: Long Beach
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90815-4670

e. Organizational Unit:

Department Name: Geological Sciences

Division Name: CNSM

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

Prefix: Ms.
* First Name: Denise
Middle Name:
* Last Name: Bell
Suffix:

Title: Director, Grants and Contracts

Organizational Affiliation: California State University Long Beach Foundation

* Telephone Number: (562)985-7639
Fax Number: (562)985-7951

* Email: dsmith4@csulb.edu

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:

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

* Other (specify):

Non-Profit Inst. of Higher Ed.

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

11HQPA0001

* Title:

Earthquake Hazards Reduction Program

13. Competition Identification Number:

11HQPA0001

Title:

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

Long Beach, San Diego, San Bernardino, Riverside

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

Development of a Holocene Earthquake Record for the Northern San Jacinto Fault Zone From a New Paleoseismic Site at Mystic Lake: Collaborative Research with CSULB, SDSU, and CSUSB.

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-046
* b. Program/Project: CA-045

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

Congressional Districts of.p | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2011
* b. End Date: 04/30/2013

18. Estimated Funding ($):

* a. Federal	65,847.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	65,847.00

*** 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 05/14/2010.
- [ ] 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: David
Middle Name: A
* Last Name: Smith
Suffix:

* Title: Proposal Development Analyst

* Telephone Number: (562)985-5330
Fax Number: (562)985-8665

* Email: dsmith4@csulb.edu

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

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:**

- [ ] Annual
- [ ] Quarterly
- [x] Other

* Other (specify)

One Time

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

SCED, Inc.

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:**

Superior California Economic Development, Inc.

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

68-0328218

*** c. Organizational DUNS:**

0648227780000

d. Address:

* Street1:

499 Hemsted Drive, Suite A

Street2:

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MAY 17 2010
STATE CLEARING HOUSE

* City:

Redding

County:

Shasta

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

96002

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

* First Name: Robert

Middle Name:

* Last Name: Nash

Suffix:

Title: Executive Officer

Organizational Affiliation:

* Telephone Number: 530-225-2760

Fax Number: 530-225-2769

* Email: bnash@scedd.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* Other (specify):

b. Additional Description:

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

U.S. Department of Agriculture Rural Development

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

USDA Rural Business Enterprise Grant

11. Areas Affected by Funding:

Trinity County

12. CONGRESSIONAL DISTRICTS OF:

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

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date:	b. End Date:
07/01/2010	unlimited

14. ESTIMATED FUNDING:

* a. Federal ($):	b. Match ($):
54,500.00	

*** 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:
- [ ] 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:
Mr.	Robert

Middle Name:

*

* Last Name:

Nash

Suffix:	* Title:
	Executive Officer

Organizational Affiliation:

*

* Telephone Number:

530-225-2760

* Fax Number:

530-225-2769

* Email:

bnash@scedd.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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:**

- [ ] Annual
- [ ] Quarterly
- [x] Other

* Other (specify)

One Time

*** 1.d. Version:**

- [x] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

SCED, Inc.

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:**

Superior California Economic Development, Inc.

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

68-0328218

*** c. Organizational DUNS:**

0648227780000

d. Address:

* Street1:

499 Hemsted Drive, Suite A

Street2:

RECEIVED
MAY 17 2010
STATE CLEARING HOUSE

* City:

Redding

County:

Shasta

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

96002

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

* First Name: Robert

Middle Name:

* Last Name: Nash

Suffix:

Title: Executive Officer

Organizational Affiliation:

* Telephone Number: 530-225-2760

Fax Number: 530-225-2769

* Email: bnash@scedd.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

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

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

* Other (specify):

b. Additional Description:

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

U.S Department of Agriculture Rural Development

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

USDA Rural Business Enterprise Grant

11. Areas Affected by Funding:

Shasta County

12. CONGRESSIONAL DISTRICTS OF:

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

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

Add Attachment | Delete Attachment | View Attachment

13. FUNDING PERIOD:

a. Start Date:	b. End Date:
07/01/2010	unlimited

14. ESTIMATED FUNDING:

* a. Federal ($):	b. Match ($):
54,500.00	

*** 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:
- [ ] 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:
Mr.	Robert

Middle Name:

*

* Last Name:

Nash

Suffix:	* Title:
	Executive Officer

Organizational Affiliation:

*

* Telephone Number:

530-225-2760

* Fax Number:

530-225-2769

* Email:

bnash@scedd.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Robert Nash

* Date Signed:

Completed by Grants.gov upon submission.

4-29-10

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 5/17/2010	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Rough and Ready Fire Protection District	Organizational Unit: Department:
Organizational DUNS:	Division:
Address: Street: PO Box 10	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Don
City: Rough and Ready	Middle Name
County: Nevada County	Last Name Gannon
State: CA / Zip Code 95975	Suffix:
Country: USA	Email: rarfire@comcast.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 2 8 - 8 5 3 7 9 0	Phone Number (give area code) 530 432 1140 / Fax Number (give area code) 530 913 5959

RECEIVED MAY 17 2010 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)

G

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Housing Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6

TITLE (Name of Program): Community Facility Loan Guarantee

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New fire station

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rough and Ready, Nevada County, California

13. PROPOSED PROJECT

Start Date:	Ending Date:
June 2010	April 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
2nd	2nd

15. ESTIMATED FUNDING:

a. Federal	$ 420,100.00
b. Applicant	$ 750,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ 1,126,832.00
f. Program Income	$ .00
g. TOTAL	$ 2,296,932.00

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: 5/17/2010

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix	First Name John	Middle Name
Last Name Weidemaier		Suffix
b. Title Loan Officer		c. Telephone Number (give area code) 530 741 2227
d. Signature of Authorized Representative John Weidemaier		e. Date Signed 5/17/2010

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED May 13, 2010

Applicant Identifier: CH. 53, Sections 5303 - 5306

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier: 94-6001344-C

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

RECEIVED MAY 17 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 4

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2010 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - $14,733,468
FY 2010 49 U.S.C. Chapter 53, Section 5304 State Planning & Research Program - $2,909,442

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

13. PROPOSED PROJECT FY 2010 OWP Program

14. CONGRESSIONAL DISTRICTS OF: California Statewide

Start Date: 7/1/10 Ending Date: 6/30/11

a. Applicant: Statewide

b. Project: Statewide Transit Planning

15. ESTIMATED FUNDING:

a. Federal	$ $17,642,910 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $2,285,826 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $19,928,736 .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 05/17/2010

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: C. Garth Hopkins

b. Title: Chief, Office of Regional & Interagency Planning

c. Telephone Number: (916) 654-8175

d. Signature of Authorized Representative

e. Date Signed: May 13, 2010

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: May 13, 2010	Applicant Identifier: FY 2010 SP&R Special Studies
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
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: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Chief, Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

RECEIVED MAY 17 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 1 5

TITLE: State Planning and Research Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2010/11 FHWA State Planning and Research Studies
$1,059,625 in Partnership Planning Grant Program

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

State of California

13. PROPOSED PROJECT FY 2010 OWP Program

Start Date: 7/1/10 Ending Date: 6/30/11

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Planning and Research Studies

15. ESTIMATED FUNDING:

a. Federal	$ $1,059,625 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ $264,906 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ $1,324,531 .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 05/17/10

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: C. Garth Hopkins	b. Title: Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: May 13, 2010

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: May 13, 2010	Applicant Identifier: FY 2010 PL Overall Work Program	
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C	
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: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Chief

Office of Regional & Interagency Planning Transportation Planning, (916) 654-6175

RECEIVED MAY 17 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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

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:

DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 2 0 5

TITLE: MPO Highway Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2010/11 Federal Planning Funds

$40,788,933 in FHWA PL Funds (Estimate)

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

State of California

13. PROPOSED PROJECT FY 2010 OWP Program

Start Date: 7/1/10 Ending Date: 6/30/11

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Metropolitan Planning

15. ESTIMATED FUNDING:

a. Federal	$ 40,788,933.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 5,284,639.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 46,073,572.00

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 05/17/10

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: C. Garth Hopkins	b. Title: Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-6175
d. Signature of Authorized Representative		e. Date Signed: May 13, 2010

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
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:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

• Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

• a. Legal Name: Lakeport Pacific Associates, a California Limited Partnership

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

* c. Organizational DUNS: (not yet received

d. Address:

RECEIVED
MAY 17 2010
STATE CLEARING HOUSE

• Street 1: 430 East State Street, Suite 100
Street 2:
* City: Eagle
County: Ada
* State: Idaho
Province:
* Country: USA: UNITED STATES
• 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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - 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:**

NGMS 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:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Lakeport, Lake County, California

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

Lakeport Senior Apartments: a 48-unit senior citizens apartment complex; consisting of 36/1-bdrm units, 12/2-bdrm units, and community building - to be located at 1075 Martin Street in Lakeport, Lake County, California.

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10-01-2011
* b. End Date: 10-01-2012

18. Estimated Funding ($):

* a. Federal	$1,000,000.00	USDA-RD RRH-515 funding
* b. Applicant	$357,000.00	Deferred Developer's Fee
* c. State	$1,100,000.00	City of Lakeport / RDA Funds
* d. Local	$2,000,000.00	City of Lakeport / HOME Funds
* e. Other	$6,816,055.00	Tax Credit Equity
* f. Program Income		
* g. TOTAL	$11,273,055.00	Total Development Cost

*** 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 05-14-2010.
- [ ] 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.)**

- [x] Yes
- [ ] 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: Caleb
Middle Name: J.
* Last Name: Roope
Suffix:

* Title: Development Consultant

*Telephone Number: (208) 461-0022
Fax Number: (208) 461-3267

* Email: calebr@tpchousing.com

* Signature of Authorized Representative:
* Date Signed: 05-11-2010

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:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State of California, California Energy Commission

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

*c. Organizational DUNS: 002540768

d. Address:

*Street 1: 1516 Ninth Street MS-1

Street 2:

*City: Sacramento

County:

*State: CA: California

Province:

*Country: USA: United States

*Zip / Postal Code 95814-5512

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MAY 17 2010
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Grants and Loans Office

Division Name: Administrative Services

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

Prefix:

*First Name: Aida

Middle Name:

*Last Name: Escala

Suffix:

Title: Grants Analyst

Organizational Affiliation: California Energy Commission

*Telephone Number: 916-654-4455

Fax Number: 916-654-4076

*Email: aescala@energy.state.ca.us

Application for Federal Assistance SF-424 Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

***12 Funding Opportunity Number:**

DE FOA-0000308

*Title:

State Energy Program (SEP) PY 2010 Formula Award

13. Competition Identification Number:

Title:

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

State of California

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 05 *b. Program/Project: CA-all

17. Proposed Project:

*a. Start Date: 7/01/2010 *b. End Date: 6/30/2011

18. Estimated Funding ($):

*a. Federal	1,569,000
*b. Applicant	
*c. State	313,600
*d. Local	
*e. Other	5,859,534.24
*f. Program Income	
*g. TOTAL	7,742334.24

***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 5/17/2010

☐ 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: Sherry

Middle Name:

*Last Name: Mediati

Suffix:

*Title: Grants and Loans Manager

*Telephone Number: 916-654-4204 Fax Number: 916-654-4076

* Email: smediati@energy.state.ca.us

*Signature of Authorized Representative: Sherry Mediati *Date Signed: 5/17/10

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [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:

6. Date Received by State:

7. State Application Identifier:

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MAY 17 2010
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: EXECUTIVE OFFICE OF THE STATE OF CA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946001347

* c. Organizational DUNS: 140324679

d. Address:

* Street1: 3650 Schriever Avenue
Street2:
* City: Mather
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Kris
Middle Name: M.
* Last Name: Whitty
Suffix:

Title: Chief

Organizational Affiliation:

* Telephone Number: (916) 323-7734
Fax Number:

* Email: kris.whitty@caloma.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-10-GPD-067-000-01

* Title:

Fiscal Year 2010 Homeland Security Grant Program (HSGP)

13. Competition Identification Number:

Title:

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

California - Statewide

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

California - FY 2010 Homeland Security Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

CA Congressional Districts.p | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	302,430,579.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	302,430,579.00

*** 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.
- [x] 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: Matthew
Middle Name: R.
* Last Name: Bettenhausen
Suffix:

* Title: Secretary, CA Emergency Management Agency

* Telephone Number: (916) 324-8908
Fax Number:

* Email: matthew.bettenhausen@calema.ca.gov

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

Version 9-03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 05/19/2010	Applicant Identifier: CA-90-Y739
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 Culver City

Organizational DUNS: 063833651

Address:

Street: 4343 Duquesne Avenue

City: Culver City

County: Los Angeles

State: CA

Zip Code: 90232

Country:

Organizational Unit:

Department: Transportation

Division: Transportation Administration

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

Prefix: Mr. First Name: Art

Middle Name: A.

Last Name: Ida

Suffix:

Email: art.ida@culvercity.org

Phone number (give area code): (310) 253-6545

FAX number (give area code): (310) 253-6513

RECEIVED MAY 17 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *EIN*): 95-6000070 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

Fedral Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507

TITLE: Federal Section 5307 Funds

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2010 Federal 5307 Grant for Preventitive Maintenance, COP Payment, Title Lease, Bus Replacement.

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

13. PROPOSED PROJECT

Start Date: September 1, 2010

Ending Date: December 31, 2010

14. CONGRESSIONAL DISTRICTS OF

a. Applicant: 33

b. Project: 33

15. ESTIMATED FUNDING

a. Federal	$	9,741,414 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	2,435,354 .00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	12,176,768 .00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a. Authorized Representative

Prefix: Mr. First Name: Art Middle Name: A.

Last Name: Ida Suffix:

b. Title: Transportation Director

c. Telephone number (give area code): (310) 253-6545

d. Signature of Authorized Representative

e. Date Signed: 05/17/2010

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:

*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: The Regents of the University of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142W

*c. Organizational DUNS: 627797426

d. Address:

*Street 1: 200 University Office Building

Street 2:

*City: Riverside

County: Riverside

*State: CA

Province:

*Country: USA

*Zip / Postal Code 92521-0217

e. Organizational Unit:

Department Name: Office of Research

Division Name: Sponsored Programs Administration

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

Prefix:

*First Name: Mayela

Middle Name:

*Last Name: Castillo

Suffix:

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4816

Fax Number: 951-827-4483

*Email: mayela.castillo@ucr.edu

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:
S. Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:
Forest Health Protection

***12 Funding Opportunity Number:**

N/A

*Title:
Sudden Oak Death Disease/Phytophthora ramorum

13. Competition Identification Number:

Title:

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

California Forests and Nurseries

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

Evaluation and Validation of two Monoclonal-based Prototype Immunostrip Kits Developed for Detection of Phytophthora ramorum in Infected Tissue Samples Taken From Trees and Shrubs

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 44th *b. Program/Project: 44th

17. Proposed Project:

*a. Start Date: 06/01/2010 *b. End Date: 05/31/2011

18. Estimated Funding ($):

*a. Federal	19,580.00
*b. Applicant	9790.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	29370.00

***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 5/14/2010

☐ 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: Mayela

Middle Name:

*Last Name: Castillo

Suffix:

*Title: Sr. Contracts & Grants Officer

*Telephone Number: 951-827-4816 Fax Number: 951-827-4483

* Email: Mayela.castillo@ucr.edu

*Signature of Authorized Representative: Mayela Castillo *Date Signed: 5/14/10

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: State of California	Organizational Unit:
Organizational DUNS: N/A	Department: Department of Housing and Community Development
Address:	Division: Division of Financial Assistance - Office of Migrant Services
Street: P.O. Box 952054	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: / First Name: Ken
City: Sacramento	Middle Name
County: Sacramento	Last Name Crawford
State: California / Zip Code 94252-2054	Suffix:
Country: United States	Email: kcrasford@hcd.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6001347	Phone Number (give area code) (916) 327-3943 / Fax Number (give area code) (916) 319-8488

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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)

State Agency

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Replace migrant farm worker housing: 10 2-bedroom and 24 3-bedroom units, one laundry building, one office, and one community/day care building . Six exiting 3-bedroom units will remain and rehabilitated.

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

Town of Newell, Modoc County

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: May 2008	Ending Date: April 2009	a. Applicant 4	b. Project 4

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 1,500,000 .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	$ 1,736,100 .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	$ 3,236,100 .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	First Name Chris	Middle Name
Last Name Westlake		Suffix
b. Title Deputy Director		c. Telephone Number (give area code) (916) 322-1562
d. Signature of Authorized Representative		e. Date Signed 10/5/07

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 05/18/2010	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: Sierra Economic Development Corporation

Organizational Unit:
Department:
Division:

Organizational DUNS: 08-885-6885

Address:
Street: 560 Wall Street, Suite F
City: Auburn
County: Placer
State: CA
Zip Code: 95603
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Brent
Middle Name
Last Name: Smith
Suffix:
Email: brent@sedcorp.biz
Phone Number (give area code): 530-823-4703
Fax Number (give area code): 530-823-4142

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1705043

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)
O
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA/Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773
TITLE (Name of Program):
USDA Rural Business Opportunity Grant Program (RBOG)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Business Boot Camps for Placer and El Dorado Counties

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Auburn (Placer County) and Placerville (El Dorado County)

13. PROPOSED PROJECT
Start Date: 9/01/2010
Ending Date: 08/31/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: McClintock - 4
b. Project: McClintock - 4

15. ESTIMATED FUNDING:

a. Federal	$ 90,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 90,000.00

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 18, 2010
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: Brent
Middle Name
Last Name: Smith
Suffix
b. Title: Chief Executive Officer
c. Telephone Number (give area code): 530-823-4703
d. Signature of Authorized Representative: Brent Smith
e. Date Signed

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

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STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CE96974801

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Bay Foundation of Morro Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847047-662-767

*c. Organizational DUNS: 047-662-767

d. Address:

*Street1: 601 Embarcadero Suite 11
Street 2:
*City: Morro Bay
County:
*State: California
Province:
Country: United States of America
*Zip/ Postal Code: 93442

e. Organizational Unit:

Department Name: Morro Bay National Estuary Program

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: Multari
Suffix:

Title: Interim Program Director, Morro Bay National Estuary Program

Organizational Affiliation:
Bay Foundation of Morro Bay - Morro Bay National Estuary Program

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

*Email: mmultari@mbnep.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

National Estuary Program

*12. Funding Opportunity Number: NA

*Title:

13. Competition Identification Number: NA

Title:

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

City of Morro Bay, Unincorporated Areas of San Luis Obispo County in the Morro Bay Watershed

*15. Descriptive Title of Applicant's Project:

Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed (see MBNEP work plan for programmatic details)

Attach supporting documents as specified in agency instructions.

OMB Number 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-023

*b. Program/Project: CA-022 and CA-023

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

17. Proposed Project:

*a. Start Date: 10/1/2010

*b. End Date: 9/30/2011

18. Estimated Funding ($):

*a. Federal	$800,000.00
*b. Applicant	$305,000.00
*c. State	$465,000.00
*d. Local	$30,000.00
*e. Other	
*f. Program Income	
*g. TOTAL	$1,600,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/19/2010
☐ 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: Joel

Middle Name:

*Last Name: Neel

Suffix:

*Title: President, Bay Foundation of Morro Bay

*Telephone Number: 805-756-2193

Fax Number: 805-528-3346

*Email: jneel@calpoly.edu

*Signature of Authorized Representative:

Date Signed: 5/17/10

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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	

*3. Date Received: 4. Application Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
68-0281381	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:	Division Name:
Department of Toxic Substances Control	Brownfields and Environmental Restoration Program

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

Prefix: Ms. First Name: Stacie
Middle Name:
*Last Name: Kenner
Suffix:

Title: Associate Analyst

Organizational Affiliation:
Program Support, Brownfields and Environmental Restoration Program

*Telephone Number: (916) 255-3624 Fax Number: (916) 255-6445

*Email: skenner@dtsc.ca.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

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: 04/31/2012

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: 07/01/2010

*b. End Date: 06/30/2011

18. Estimated Funding ($):

*a. Federal	$350,000.00	*d. Local	$0.00
*b. Applicant	$0.00	*e. Other	$0.00
*c. State	$0.00	*f. Program Income	$0.00
*d. Local		*g. TOTAL	$350,000.00

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

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

Midd le N ame:

*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: 4/30/10

APPLICATION FOR FEDERAL ASSISTANCE

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
- ☐ Construction
- ☐ Non Construction

Pre-application
- ☒ Construction
- ☐ Non Construction

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5. APPLICANT INFORMATION

Legal Name: Occidental County Sanitation District

Organizational Unit:
Department: Engineering
Division:

Organizational DUNS: 074662503

Address:
Street: 404 Aviation Boulevard
City: Santa Rosa
County: Sonoma
State: CA Zip Code 95403
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix Mr. First Name: Douglas
Middle Name
Last Name Messenger
Suffix:
Email: douglas.messenger@scwa.ca.gov
Phone Number (give area code) 707-547-1952
Fax Number (give area code) 707-524-3782

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000539

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐
(See instruction sheet for description of letters)

Other (specify):

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

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): G

9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture

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:
Wastewater Storage and Reclamation Project

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

13. PROPOSED PROJECT
Start Date: 10/1/2010 Ending Date: 9/30/2016

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant CA-06 b. Project CA-06

15. ESTIMATED FUNDING:

a. Federal	$ 1,000,000
b. Applicant	$
c. State	$ 7,400,000
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 8,400,000

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

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 5/21/10

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 Grant Middle Name
Last Name Davis Suffix
b. Title General Manager c. Telephone Number (give area code) 707-547-1911
d. Signature of Authorized Representative e. Date Signed 5-18-2010

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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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: Watsonville, City of

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000451

*c. Organizational DUNS: 010939452

d. Address:

*Street 1: 275 Main Street
Street 2: 4th Floor
*City: Watsonville
County: Santa Cruz
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95076

e. Organizational Unit:

Department Name: Public Works and Utilities

Division Name: Water

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

Prefix: Mr. *First Name: Steve
Middle Name:
*Last Name: Palmisano
Suffix:

Title: Water Division Manager

Organizational Affiliation:

*Telephone Number: 831-768-3176 Fax Number:

*Email: spalmisano@ci.watsonville.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)

***10 Name of Federal Agency:**

Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

***12 Funding Opportunity Number:**

R10SF80157

*Title:

WaterSMART: Water and Energy Efficiency Grants for FY2010

13. Competition Identification Number:

Title:

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

The project directly serves and affects the City of Watsonville. The project affects the Pajaro Valley groundwater basin which spans both Santa Cruz and Monterey Counties. The project reduces the Pajaro Valley's future demand on the CVP supply, which has statewide benefits.

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

Corralitos Creek Water Supply and Fisheries Enhancement Project:

The purpose of the Corralitos Creek Water Supply and Fisheries Enhancement Project is to ensure the long-term reliability and environmental sustainability of the City's potable water supply from Corralitos Creek, reduce dependence on an already over-drafted groundwater basin, and to protect and enhance the endangered species habitat found in the creek. Over the last five years,

the City of Watsonville has eval 1 a number of options that would achieve these 'ple goals. The best solution was identified as modernizing the City's existing 75-year old slow sand filtration plant to a membrane filtration plant.

The City's current source of supply comes from the Pajaro Valley Groundwater Basin and surface water from Corralitos and Browns Creeks. Based on data from the City of Watsonville Water Division, the City's two most recent years of data show that it uses approximately 7,632 acre feet per year (AFY) of groundwater and 356 AFY of surface water, with a total water demand of 7,729 AFY. The City of Watsonville (City) currently receives the majority of its water supply from 12 groundwater wells, with only 5 percent coming from surface water. The Pajaro Valley groundwater aquifer basin is in a severely over-drafted state, causing salt water intrusion up to three miles inland along the coast. The City has committed to enhancing its surface water supply from Corralitos Creek to reduce its dependence on the groundwater basin, to ensure the long-term reliability of the City's potable water supply, and to enhance the biological resources associated with Corralitos Creek.

The project would improve the long term reliability and productivity of the water supply from Corralitos Creek, increasing water production by three times more than the current level. Currently, the City can only utilize water from the creek in the summer months, when the water runs clear. Once rains begin, the creek water becomes too silt-laden to be treated by the existing plant and it must be shut down for the winter. The proposed membrane filter plant would allow the City to treat water during the winter months, when water is far more plentiful, and would allow for increased water production from the facility.

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-017 *b. Program/Project: CA-017; CA-014

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	$1,000,000
*b. Applicant	$4,500,000
*c. State	$0
*d. Local	$0
*e. Other	$0
*f. Program Income	$0
*g. TOTAL	$5,500,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on April 30, 2010

☐ 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: Carlos

Middle Name:

*Last Name: Palacios

Suffix:

*Title: City Manager

*Telephone Number: 831-768-3010 Fax Number:

* Email: citymanager@ci.watsonville.ca.us

*Signature of Authorized Representative: *Date Signed: 4/20/10

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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)

3. Date Received:

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: Parksdale Village Partners II, a California Limited Partnership

*b. Employer/Taxpayer Identification Number (EIN/TIN):
27-0516389 for Parksdale Village Partners II
94-1592676 for Self Help Enterpises, G P

*c. Organizational DUNS:
056179906

d. Address:

*Street 1: 8445 W. Elowin Court P.O.Box 6520

Street 2:

*City: Visalia

County: County of Tulare

*State: CA

Province:

*Country:

*Zip / Postal Code 93290

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: Doug

Middle Name:

*Last Name: Pingel

Suffix:

Title: Multi-Family Program Director

Organizational Affiliation:
N/A

*Telephone Number: 559-802-1651

Fax Number: 559-651-3634

*Email: dougp@selfhelpenterprises.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:**

Q. For-profit Org(Other Than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

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:**

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA - 021 *b. Program/Project: CA -019

17. Proposed Project:

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

18. Estimated Funding ($):

*a. Federal	$1,000,000
*b. Applicant	
*c. State	$2,000,000
*d. Local	
*e. Other	$8,330,000
*f. Program Income	
*g. TOTAL	$11,330,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/20/2010

☐ 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: Peter

Middle Name: N.

*Last Name: Carey

Suffix:

*Title: President/CEO of Self Help Enterprises, GP of Parksdale Village Partners II, a CA Limited Partnership

*Telephone Number: 559-802-0699 Fax Number: 559-651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 6/09/2010

FAXED 5/18/10

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 05/18/2010	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: Sierra Economic Development Corporation

Organizational DUNS: 08-885-6885

Address:

Street: 560 Wall Street, Suite F

City: Auburn

County: Placer

State: CA

Zip Code: 95603

Country: United States

Organizational Unit:

Department:

Division:

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

Prefix: Mr.

First Name: Brent

Middle Name

Last Name: Smith

Suffix:

Email: brent@sedcorp.biz

Phone Number (give area code): 530-823-4703

Fax Number (give area code): 530-823-4142

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1705043

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

O

Other (specify)

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)

9. NAME OF FEDERAL AGENCY: USDA/Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773

TITLE (Name of Program): USDA Rural Business Opportunity Grant Program (RBOG)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Business Boot Camps for Placer and El Dorado Counties

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

Auburn (Placer County) and Placerville (El Dorado County)

13. PROPOSED PROJECT

Start Date: 9/01/2010

Ending Date: 08/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: McClintock - 4

b. Project: McClintock - 4

15. ESTIMATED FUNDING:

a. Federal	$ 90,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 90,000.00

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 18, 2010

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: Brent	Middle Name
Last Name: Smith		Suffix
b. Title: Chief Executive Officer		c. Telephone Number (give area code): 530-823-4703
d. Signature of Authorized Representative: Brent Smith		e. Date Signed

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:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the University of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 047120084

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d. Address:

*Street 1: Univ. of CA, Davis Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95618-6153

e. Organizational Unit:

Department Name: Sponsored Programs

Division Name: Office of Research

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

Prefix: Dr.
*First Name: David
Middle Name:
*Last Name: Neale
Suffix:

Title: Professor

Organizational Affiliation:
University of California, Davis, Dept. of Plant Sciences

*Telephone Number: 530-752-8431
Fax Number: 530-752-8502

*Email: dbneale@ucdavis.edu

Post-it® Fax Note 7671	Date 5/20/10	# of pages ▶ 3
To CA State Clearinghouse	From UC Davis - Office of Research	
Co./Dept.	Co.	
Phone #	Phone # 530-754-8094	
Fax # 916-323-3018	Fax #	

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:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA Forest Service

11. Catalog of Federal Domestic Assistance Number:
10.680

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
Development of DNA Markers to Identify Beech Barkdisease-Resistant Trees in Natural Stands

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: 5/1/10 *b. End Date: 4/30/11

18. Estimated Funding ($):

*a. Federal	40,710
*b. Applicant	10,178
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	50,888

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

X a. This application was made available to the State under the Executive Order 12372 Process for review on 5/20/10

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name:

Middle Name: David Ricci

*Last Name: Contracts and Grants Analyst

Suffix:

*Title: Contracts & Grants Analyst

*Telephone Number: 530-754-7700 Fax Number: 530-754-8229

* Email: voresearch@ucdavis.edu

*Signature of Authorized Representative: *Date Signed: 5/20/10

Authorized for Local Reproduction

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

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: Salton Community Services District	**Organizational Unit:** Department: Fire Department
Organizational DUNS: 076057256	Division:
Address: Street: 2098 Frontage Road (PO Box 5268)	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Rosa
City: Salton City	Middle Name
County: Imperial	Last Name Reagles
State: CALIFORNIA Zip Code 92275	Suffix:
Country: USA	Email: rmr@saltoncsd.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 - 6 0 0 6 6 1 3	Phone Number (give area code) 760-394-4446 Fax Number (give area code) 760-394-4242

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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) Special District Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA-Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE (Name of Program): Community Facilities 10.766	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Acquisition of Emergency Response Vehicle and Protective Equipment
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Niland, CA	
13. PROPOSED PROJECT Start Date: 7/1/2010 Ending Date: 6/30/2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 51-Bob Filner b. Project 51-Bob Filner

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 46,500.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 15,500.00	
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	$ 62,000.00	☐ 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 Ms.	First Name Rosa	Middle Name
Last Name Reagles		Suffix
b. Title General Manager		c. Telephone Number (give area code) 760-394-4446
d. Signature of Authorized Representative Rosa Reagles		e. Date Signed 5/17/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 17, 2010	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: San Andreas Sanitary District

Organizational DUNS: 004956884

Address:
Street: 675 Gold Oak
PO Box 1630
City: San Andreas
County: Calaveras
State: CA
Zip Code: 95249
Country: USA

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Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Steve
Middle Name: Duane
Last Name: Schimp
Suffix:
Email: sasdoffice@comcast.net
Phone Number (give area code): 209-754-3281
Fax Number (give area code): 209-754-0778

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 5 0 1 6 3

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.
Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Regional Sludge Treatment facility

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

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 3
b. Project: 3

15. ESTIMATED FUNDING:

a. Federal	$ 2,090,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,090,000.00

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: Mr.
First Name: Steve
Middle Name: Duane
Last Name: Shimp
Suffix
b. Title: General Manager-
c. Telephone Number (give area code): 209-754-3281
d. Signature of Authorized Representative
e. Date Signed

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: Riverdale Public Utility District

Organizational Unit:
Department: N/A
Division: N/A

Organizational DUNS: 004968459

Address:
Street: P.O. Box 248
City: Riverdale
County: Fresno
State: CA
Zip Code: 93656
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Ronald
Middle Name
Last Name: Bass
Suffix:
Email: rpud@sbcglobal.net
Phone Number (give area code): (559) 867-3838
Fax Number (give area code): (559) 867-3182

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6021486

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
Other (specify)

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

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:
Well No. 6 Improvements

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

13. PROPOSED PROJECT
Start Date: 08/03/2010
Ending Date: 10/08/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: CA 21st Congressional District
b. Project: CA 21st Congressional District

15. ESTIMATED FUNDING:

a. Federal	$ 1,680,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,680,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 05/19/2010
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: Ronald
Middle Name
Last Name: Bass
Suffix
b. Title: Superintendent
c. Telephone Number (give area code): (559) 867-3838
d. Signature of Authorized Representative: Ronald Bass
e. Date Signed: MAY 19 2010

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: Ponderosa Community Services District

Organizational Unit: Special District

Department:

Division:

Organizational DUNS: 101713191

Address (give city, county, state, and zip code): 56287 Aspen Dr. Springville CA 93265

County: 054 Tulare

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

5595422414

Fax:

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): *****4274

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

Other (specify)

8. TYPE OF APPLICATION: New

9. NAME OF FEDERAL AGENCY: USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 10.770

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2008 Water Infrastructure Improvement

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

13. PROPOSED PROJECT:

Start Date	Ending Date
4/23/2011	4/23/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
21 CA	Water Project

15. ESTIMATED FUNDING:

a. Federal	$ 800,000
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	$ 800,000

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 18, 2010

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS 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 ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Dale Doty	President	559/ 542-1570
d. Signature of Authorized Representative		e. Date Signed
		5-18-10

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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:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] 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:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
9 4 6 0 0 0 5 1 2	828927876

d. Address:

* Street1:	2220 Tulare Street, 8th Floor
Street2:	
* City:	Fresno
County:	Fresno
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	93721

e. Organizational Unit:

Department Name:	Division Name:
Department of Public Works and Planning	Community Development

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

Prefix:	Ms.	* First Name:	Rebecca
Middle Name:			
* Last Name:	Madrigal		
Suffix:			

Title: Assistant Division Manager

Organizational Affiliation:

* Telephone Number:	(559) 262-4292	Fax Number:	(559) 488-3940

* Email: rxmadrigal@co.fresno.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. County

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S.D.A. Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

1 0 4 3 3

CFDA Title:

Section 533 Housing Preservation Grant

*** 12. Funding Opportunity Number:**

Section 533

* Title:

Section 533 Housing Preservation Grant for Fiscal Year 2010

13. Competition Identification Number:

Title:

Housing Preservation Grant

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

County of Fresno Unincorporated Area

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

Owner-Occupant Housing Rehabilitation Project in rural unincorporated Fresno County

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: 18, 19, 20, 21 * b. Program/Project: 18, 19, 20, 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010 * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	100,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	200,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/25/2010.

☐ 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 Explanation

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

☒ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Alan

Middle Name:

* Last Name: Weaver

Suffix:

* Title: Director, Department of Public Works and Planning

* Telephone Number: (559) 262-4278 Fax Number: (559) 488-3940

* Email: awcaver@co.fresno.ca.us

* Signature of Authorized Representative: Alan Weaver * Date Signed: 5/24/10

County of Fresno

DEPARTMENT OF PUBLIC WORKS AND PLANNING
ALAN WEAVER, DIRECTOR

May 25, 2010

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State Clearinghouse
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

Dear Sirs:

Subject: 2010 Housing Preservation Grant Application

The County of Fresno plans to submit an application to USDA, Rural Housing Services for Housing Preservation Grant (HPG) Program funds. Enclosed is a copy of the completed SF 424. This notice is sent to comply with the State Executive Order 12372 process. **Additionally, it is requested a copy of the "Letter of Compliance" from SCH be sent to my attention via e-mail so that it may be included with our application submittal on June 25, 2010.** My email address is:

rxmadrigal@co.fresno.ca.us

If there are any questions and/or comments regarding this application, please call Carla Padgett or me at (559) 262-4292 or toll-fee at 1-800-742-1011, and ask for extension 2-4292.

Sincerely,

Rebecca Madrigal, Assistant Division Manager
Community Development Division

RM:dm
G:\7205ComDev\CDBG and GRANT PERM FILES\HPG\HPG 2010\Letters\Clearinghouse Letter 2010.doc
May 25, 2010

Enclosure

COMMUNITY DEVELOPMENT DIVISION
2220 Tulare Street, Eighth Floor / Fresno, California 93721 / Phone (559) 262-4292 / FAX (559) 488-3940
Equal Employment Opportunity • Affirmative Action • Disabled Employer

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 05/21/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098002	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-58-HS-39	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☒ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game
Division: GRANTS MANAGEMENT BRANCH

Organizational DUNS: 808322358

Address:
Street: 1812 9TH STREET
City: SACRAMENTO
County: SACRAMENTO
State: CA
Zip Code: 95691
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms
First Name: LISA
Middle Name
Last Name: BAYS
Suffix:
Email: lbays@dfg.ca.gov
Phone Number (give area code): (916) 445-3701
Fax Number (give area code): (916) 327-6320

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611
TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CALIFORNIA HUNTER EDUCATION PROGRAM

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

13. PROPOSED PROJECT
Start Date: 07/01/2010
Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3
b. Project STATEWIDE

15. ESTIMATED FUNDING:

a. Federal	$	1,367,078.00
b. Applicant	$	
c. State	$	455,693.00
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	1,822,771.00

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: 05/21/2010
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: BLAINE
Middle Name
Last Name: NICKENS
Suffix
b. Title: CHIEF, GRANTS MANAGEMENT BRANCH
c. Telephone Number (give area code)
d. Signature of Authorized Representative: Blaine Nickens
e. Date Signed: 5/24/2010

(Package revised 12/2/03)

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED		Applicant Identifier 170210
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:
Application
X Construction
Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: COUNTY OF HUMBOLDT

Organizational DUNS: 143535529

Address:
Street: 1106 SECOND STREET
City: EUREKA
County: HUMBOLDT
State: CA
Zip Code: 95501
Country: USA

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Organizational Unit:
Department: PUBLIC WORKS
Division: Facilities

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: Tyler
Middle Name: Lee
Last Name: Holmes
Suffix:
Email: THolmes@CO.HUMBOLDT.CA.US
Phone number (give area code): 707-268-2662
FAX number (give area code): 707-445-7409

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 6 0 0 0 5 1 3

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

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

9. NAME OF FEDERAL AGENCY
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
1 0 - 7 6 6
TITLE: USDA Rural Development
Community Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Garberville Veteran's Memorial Building
483 Conger Street
Garberville, CA 95542

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Garberville, Humboldt County, California

13. PROPOSED PROJECT
Start Date: 8/1/10
Ending Date: 12/31/11

14. CONGRESSIONAL DISTRICTS OF
a. Applicant: 1st
b. Project: 1st

15. ESTIMATED FUNDING 607,300

a. Federal	$	455,475 .00
b. Applicant	$	151,825 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	607,300 .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 24, 2010
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: Thomas
Middle Name: K
Last Name: MATTSON
Suffix:
b. Title: DIRECTOR OF PUBLIC WORKS
c. Telephone number (give area code): 707-445-7491
d. Signature of Authorized Representative: Thomas K. Mattson
e. Date Signed: 5/25/10

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

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-05-0243
Budget Number:	1 - Budget Pending Approval
Project Information:	FY10 FG - PM Rail

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Part 1: Recipient Information

Project Number:	CA-05-0243
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-05-0243
Project Description:	FY10 FG - PM Rail
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis 213.202.3956
Recipient Contact:	Kathy Banh 213.922.7635
New/Amendment:	New
Amend Reason:	Initial Application
Fed Dom Asst. #:	20500
Sec. of Statute:	5309-4
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2009 - Feb. 28, 2011
Recvd. By State:	

Gross Project Cost:	$61,118,506
Adjustment Amt:	$0
Total Eligible Cost:	$61,118,506
Total FTA Amt:	$48,894,805
Total State Amt:	$0
Total Local Amt:	$12,223,701
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified

On behalf of the Los Angeles County Metropolitan Transportation Authority (MTA), I hereby submit The FY10 Fixed Guideway grant application for $48,894,805.

The federal funds will be matched with $12,223,701 of Prop A 35% for a total application amount of $61,118,506.

The FY10 Fixed Guideway Funds contained in this application are (see allocation table attached):
UZA 002: Los Angeles $45,934,213
UZA 123: Lancaster/Palmdale $ 2,960,592
Total: $48,894,805

The Fixed Guideway funds will be used for preventive maintenance activities for the operation light and heavy rail service.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

The required FY2010 Certifications and Assurances were electronically filed in TEAM.

The project is programmed in the adopted 2008 FTIP approved on 2/1/2010.

A thorough review has been made of the Department of Labor's application checklist. It has been determined that all applicable information required by said checklist is present within this application.

Earmarks

No information found.

Security

No information found.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
127-00 OTHER CAPITAL ITEMS (RAIL)	0	$48,894,805.00	$61,118,506.00
ACTIVITY			
12.7A.00 LA963543 PREVENTIVE MAINTENANCE (RAIL)	0	$48,894,805.00	$61,118,506.00
		Estimated Total Eligible Cost:	**$61,118,506.00**
		Federal Share:	**$48,894,805.00**
		Local Share:	**$12,223,701.00**

No information found.

Part 7. FTA Comments

No information found.

Part 8: Results of Reviews

The reviewer did not find any errors

DOT FTA

U.S. Department of Transportation Federal Transit Administration

Application

RECEIVED
MAY 27 2010
STATE CLEARING HOUSE

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-96-X010-01
Budget Number:	2 - Budget Pending Approval
Project Information:	Elect Buses Demo/Facility Improvement/PM

Part 1: Recipient Information

Project Number:	CA-96-X010-01
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 SOUTH VINCENT AVE. SUITE 200, WEST COVINA, CA 91790 1644
Telephone:	(626) 967-3147
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	LW@ATU.ORG
Website:	

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis

Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E mail:	BUS@UTU.ORG
Website:	

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110
E-mail:	FEEDBACK@TEAMSTERS.ORG
Website:	

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	Guerrieri, Edmond & Clayman
Address 2:	1625 Massachusetts Avenue, N.W
City:	Washington D.C., 20036 2243
Contact Name:	Carmen Parcelli, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	$0
Project Number:	CA-96-X010-01	Adjustment Amt:	$0
Project Description:	Elect Buses Demo/Facility Improvement/PM	Total Eligible Cost:	$0
Recipient Type:	City	Total FTA Amt:	$0
FTA Project Mgr:	Charlene Lee Lorenzo 213.202.3952	Total State Amt:	$0
Recipient Contact:	Gil Victorio 626.931-7227	Total Local Amt:	$0
New/Amendment:	Amendment	Other Federal Amt:	$0
Amend Reason:	Other	Special Cond Amt:	$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307-4	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified

Start/End Date:	Jul. 01, 200 ug. 31, 2011	Est. Oblig Date:	No pecified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Feb. 19, 2009		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	26	David Dreier
6	29	Adam B Schiff
6	32	Hilda L Solis
6	38	Grace F Napolitano
6	42	Gary G Miller

Project Details

AMENDMENT #1

Foothill Transit is requesting to amend this grant application to utilize ARRA funds allocated ratio 100/0 approximately ten percent (10%) for operating assistance in the amount of two million one hundred thousand ($2.1M). In conjunction, Preventive Maintenance (ALI 11-7A.00) will be reduced by two million one hundred thousand dollars ($2.1M).
Foothill Transit is the recipient and no sub-recipient is included.

Project Description

Foothill Transit provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 36 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azusa, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Los Angeles County Metropolitan Transportation Authority, OmniTrans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to Veolia Transportation. Operations and maintenance are contracted

to First Transit, Inc. and MV Transp[illegible]ion. The contractors' names, addresses, [illegible]ne and fax numbers are as follows:

Veolia Transportation
2015 Spring Road, Suite 750
Oak Brook, IL 60523
Tel. (630) 571-7070
Fax (630) 571-6454

First Transit, Inc.
705 Central Avenue
Suite 500
Cincinatti, OH 45202
Tel. (513) 241-2200
Fax (513) 381-0149

MV Transportation
360 Campus Lane
Suite 201
Fairfield, CA 94534
Tel. (707) 863-8980
Fax (707) 863-8944

Foothill Transit is requesting for capital assistance using one hundred percent (100%) Recovery Act funds appropriated for the Transit Capital Assistance for the Urbanized Area Formula Grant Program authorized by 49 U.S.C. § 5307 to finance the following projects:

1. Preventive Maintenance $5,600,000
2. Virtualization of Servers $500,000
3. Seat Replacement $500,000
4. Water Saving-Bus Wash Equipment $1,000,000
5. Wheel Polisher $250,000
6. Solar Energy Systems $4,000,000
7. Replacement Elevators $750,000
8. Pomona Facility Rehabilitation $1,000,000
9. Window Glazing – Admin. Building $1,200,000
10. Replacement Electric Bus Demo $6,564,161

Total $21,364,161

In compliance with the recent Certification Review of the Southern California area metropolitan transportation planning process, dated April 4, 2006, Foothill Transit is working closely with SCAG for both parties to enter into an agreement that will document the collaborative planning and programming processes and certification that SCAG as MPO for the agency.
Foothill Transit is the recipient and no sub-recipient is included
Special Provisions for Projects Financed Under the American Recovery and Reinvestment Act (Recovery Act).

The Recipient agrees that the following provisions apply to American Recovery and Reinvestment Act of 2009 (Recovery Act) funds authorized under Pub. L. 111-5, February 17, 2009, and agrees to comply with the requirements thereof, except to the extent FTA determines otherwise in writing:

a. Identification of Recovery Act Funding. A Grant Agreement or Cooperative Agreement financed with Recovery Act funds will indicate that the Recovery Act is the source of funding as follows:

(1) If the "Citation of Statute(s) Authoring Project" of the underlying Grant Agreement displays "49 USC 5307 – Urbanized Area - Economic Recovery," the Project or Projects are financed with Recovery Act funds appropriated for the Transit Capital Assistance for the Urbanized Area Formula Grant Program authorized by 49 U.S.C. § 5307.

(2) If the "Citation of Statute(s) Authoring Project" of the underlying Grant Agreement displays "49 USC 5307 – Urbanized Area - Economic Recovery Flex," the Project or Projects are financed with Recovery Act appropriations for highways transferred to support the FTA Urbanized Area Formula Grant Program authorized by 49 U.S.C. § 5307.

(3) If the "Citation of Statute(s) Authoring Project" of the underlying Grant Agreement displays "49 USC 5309 – New Starts - Economic Recovery," the Project is financed with Recovery Act appropriations for Capital Investment Grants authorized for Small Starts or New Starts by 49 U.S.C. §§ 5309(d) or (e), respectively.

(4) If the "Citation of Statute(s) Authoring Project" of the underlying Grant Agreement displays "49 USC 5309 – Fixed Guideway -

3- WWTP

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 4/5/2010	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: County of Sutter

Organizational Unit:
Department: Public Works
Division: Water Resources

Organizational DUNS: 076123488

RECEIVED
MAY 28 2010
STATE CLEARING HOUSE

Address:
Street: 1130 Civic Center Boulevard
City: Yuba City
County: Sutter
State: CA
Zip Code: 95993
Country: United States

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: James
Middle Name: Earl
Last Name: Walton
Suffix:
Email: jwalton@co.sutter.ca.us
Phone Number (give area code): (530) 822-7450
Fax Number (give area code): (530) 822-7457

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000542

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
Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Robbins WWTP Rehabilitation Project (see attached map for project location and attached project description)

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

13. PROPOSED PROJECT
Start Date: June 2010
Ending Date: December 2010

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

15. ESTIMATED FUNDING:

a. Federal	$ 565,584.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 565,584.00

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

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Douglas
Middle Name: R.
Last Name: Gault
Suffix:
b. Title: Director of Public Works
c. Telephone Number (give area code): (530) 822-7450
d. Signature of Authorized Representative: Douglas R. Gault
e. Date Signed: 4/5/10

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	(C)Increase Duration to 12/31/10
☐ Application	☑ Continuation	* Other (Specify)
☑ Changed/Corrected Application	☐ Revision	(C)Increase Duration to 12/31/10

*3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: 09-DG-11052021-183

*5b. Federal Award Identifier: 09-DG-11052021-183

RECE[illegible]
MAY 28 2010
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Mattole Restoration Council

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0037149

*c. Organizational DUNS: 049500502

d. Address:

*Street1: PO Box 160
Street 2:
*City: Petrolia
County: Humboldt
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95558

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: Laura
Middle Name:
*Last Name: Cochrane
Suffix:

Title: Contract Manager

Organizational Affiliation:

*Telephone Number: 707-986-1078
Fax Number: 707-986-7374

*Email: laura@mattole.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA Forest Service

11. Catalog of Federal Domestic Assistance Number:

10-680

CFDA Title:

Forest Health Protection

*12. Funding Opportunity Number:

*Title: Mattole Sudden Oak Death and Education Project

13. Competition Identification Number:

Title:

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

Humboldt and Mendocino Counties

*15. Descriptive Title of Applicant's Project:

Mattole Sudden Oak Death and Education Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-01 *b. Program/Project: CA-01

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

17. Proposed Project:

*a. Start Date: 6/10/09 *b. End Date: (6/30/10) 12/31/10

18. Estimated Funding ($):

*a. Federal	$9,041.00
*b. Applicant	$2,490.00
*c. State	$1,521.00
*d. Local	$5,040.00
*e. Other	
*f. Program Income	
*g. TOTAL	$18,092.00

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

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

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: F. Jeremy

Middle Name:

*Last Name: Wheeler

Suffix:

*Title: Executive Director

*Telephone Number: 707-629-3514 Fax Number: 707-629-3577

*Email: jeremy@mattole.org

*Signature of Authorized Representative: F. Jeremy Wheeler DN: cn=F. Jeremy Wheeler, o=Mattole Restoration Council, ou=Executive Director, email=jeremy@mattole.org, c=US Date: 2010.05.28 09:34:05 -07'00' Date Signed: 5/27/10

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 05/28/2010	Applicant Identifier G1098011	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-50-R-23	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☒ Non-Construction	☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:
Department: Department of Fish and Game
Division: Grants Management Branch (GMB)

Organizational DUNS: 808322358

Address:
Street: 1812 Ninth Street
City: Sacramento
County: Sacramento
State: California
Zip Code 95811
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Pete
Middle Name
Last Name Marcellana
Suffix:
Email: pmarcellana@dfg.ca.gov
Phone Number (give area code) (916) 445-4658
Fax Number (give area code) (916) 327-6320

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1696756 7

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605
TITLE (Name of Program): Sport Fish Restoration Act

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Management of Marine Sport Fish

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

13. PROPOSED PROJECT
Start Date: 07/01/2010
Ending Date: 06/30/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3
b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 3,513,963
b. Applicant	$
c. State	$ 1,171,321
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 4,685,284

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

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

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

a. Authorized Representative
Prefix Mr.
First Name Blaine
Middle Name
Last Name Nickens
Suffix
b. Title Chief, Grants Management Branch
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed 5/27/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED January 8, 2010 (Revised May 20, 2010)	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 South Lake Tahoe

Organizational DUNS: 09-5883476

Address:

Street: 1901 Airport Road, Suite 100

City: South Lake Tahoe

County: El Dorado

State: California

Zip Code: 96150

Country: USA

Organizational Unit:

Department: Department of Public Works

Division:

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

Prefix: Ms. First Name: Sherry

Middle Name

Last Name: Miller

Suffix:

Email: smiller@cityofslt.us

Phone Number (give area code): (530) 542-6182

Fax Number (give area code): (530) 544-6366

RECEIVED MAY 28 2010 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1610868

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

C. Municipal

Other (specify)

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☑ Revision

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

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:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California
Terminal Ramp Reconstruction Phase 3 - 250' x 350'
Obstruction Removal Reimbursement
Replace Airport Snow Removal (Blower) Vehicle
Pavement Maintenance/Management Plan

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

South Lake Tahoe; El Dorado County; Douglas City, Nevada

13. PROPOSED PROJECT

Start Date: 2010 Ending Date: 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 14 b. Project 14

15. ESTIMATED FUNDING:

a. Federal	$ 1,445,900.00
b. Applicant	$ 76,100.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,522,000.00

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 24, 2010

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: Ms. First Name: Sherry Middle Name

Last Name: Miller Suffix

b. Title: Airport Manager

c. Telephone Number (give area code): (530) 542-6048

d. Signature of Authorized Representative: Sherry Miller

e. Date Signed: 5-28-10

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: N/A

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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MAY 28 2010
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Reclamation District 108

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2156702

*c. Organizational DUNS: 065014730

d. Address:

*Street 1: 975 Wilson Bend Road
Street 2: P.O. BOX 50
*City: Grimes
County: Colusa
*State: California
Province:
*Country: U.S.A.
*Zip / Postal Code 95950

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: Monique
Middle Name:
*Last Name: de Barruel
Suffix:

Title: Associate Engineer

Organizational Affiliation: West Yost Associates

*Telephone Number: 530.792.3221
Fax Number: 530.756.5991

*Email: mdebarruel@westyost.com

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

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
15.530

CFDA Title:

***12 Funding Opportunity Number:**
R10AF20024

*Title:
Sacramento Valley Integrated Regional Water Management Plan Revision and Implementation Grants, NCAO

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
COUNTIES: Sutter, Colusa, Glenn, Butte, Tehama, and Shasta
CITIES: Redding, Red Bluff, Corning, Orland, Willows, Chico, Paradise, Oroville, Gridley, Colusa, Arbuckle, Yuba City, Oroville, Williams, Shasta Lake, Tehama, and Grimes

***15. Descriptive Title of Applicant's Project:**
Northern Sacramento Valley Integrated Regional Water Management Governance, Work Plan, and Funding Plan

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: Wally Herger (CA-002)

*b. Program/Project: Wally Herger (CA-002) Tim McClintock (CA-004)

17. Proposed Project:

*a. Start Date: 7/1/2010

*b. End Date: 12/31/2010

18. Estimated Funding ($):

*a. Federal	$100,000
*b. Applicant	$50,000
*c. State	$50,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$200,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/28/2010

☐ 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: Lewis

Middle Name:

*Last Name: Bair

Suffix:

*Title: General Manager

*Telephone Number: 530.437.2221 Fax Number: 530.437.2248

* Email: LBair@rd108.org

*Signature of Authorized Representative: Lewis Bair *Date Signed: 5-28-10

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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 25 MAY 2010	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: Bighorn-Desert View Water Agency

Organizational DUNS: 62-077-8340

Address:

Street: 622 Jemez Trail

City: Yucca Valley

County: San Bernardino

State: CA Zip Code: 92284

Country: USA

Organizational Unit:

Department:

Division:

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

Prefix: First Name: James

Middle Name: Francis

Last Name: Owens

Suffix: P.E.

Email: james.owens@nolte.com

Phone Number (give area code): 760-341-3101

Fax Number (give area code): 760-341-5999

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-3167447

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

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT

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

TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Potable Water System Improvements

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

Service area of Bighorn-Desert View Water Agency

13. PROPOSED PROJECT

Start Date: May 2010

Ending Date: July 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA 41 - Lewis

b. Project: CA 41 - Lewis

15. ESTIMATED FUNDING:

a. Federal	$ 1,158,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,158,000.00

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	First Name: Marina	Middle Name
Last Name: West		Suffix: PG
b. Title: General Manager		c. Telephone Number (give area code): 760-364-2315
d. Signature of Authorized Representative: Marina West		e. Date Signed: 25 May 2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED May 26, 2010	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: Yuba-Sutter Economic Development Corporation	**Organizational Unit**: Department:
Organizational DUNS: 120321596	Division:
Address: Street: 1227 Bridge Street, Suite C	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Dana
City: Yuba City	Middle Name
County: Sutter	Last Name Garcia
State: California / Zip Code: 95991	Suffix:
Country: U.S.	Email: dgarcia@ysedc.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0342145	Phone Number (give area code) 530-751-8555 x 105 / Fax Number (give area code) 530-751-8515

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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)

O. Not for profit

Other (specify) Economic Development District

9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769

TITLE (Name of Program): Rural Business Enterprise Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Revolving Loan Fund

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Yuba and Sutter counties; cities of Marysville, Yuba City, Live Oak and Wheatland

13. PROPOSED PROJECT

Start Date:	Ending Date:
August 1, 2010	July 31, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
District 2	District 2

15. ESTIMATED FUNDING:

a. Federal	$ 99,999.00
b. Applicant	$ 30,340.00
c. State	$ .00
d. Local	$ .00
e. Other	$ 3,000.00
f. Program Income	$ .00
g. TOTAL	$ 133,339.00

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 25, 2010

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: Ms.	First Name: Brynda	Middle Name
Last Name: Stranix		Suffix
b. Title: President/Chief Operating Officer		c. Telephone Number (give area code): 530-751-8555 x 103
d. Signature of Authorized Representative		e. Date Signed: May 26, 2010

(Certified Current 3/10/07)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 5/24/10	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 03-06-226	

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

5. APPLICANT INFORMATION

Legal Name: City of San Jose
Organizational DUNS: 063541874
Address:
Street: 1732 North First Street, Suite 600
City: San Jose
County: Santa Clara
State: CA Zip Code: 95112-4538
Country: USA

Organizational Unit:
Department: Norman Y Mineta San Jose Intl Airport
Division:
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Laura
Middle Name:
Last Name: Luu
Suffix:
Email: lluu@sjc.org
Phone number (give area code): 408-501-7629
FAX number (give area code): 408-573-1677

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

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
DOT - Federal Aviation Administration

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Design of the Taxiway W Extension, phase 3 from Taxiway D to Taxiway G and includes Taxiway G from Taxiway V to Taxiway W.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
San Jose, California

13. PROPOSED PROJECT
Start Date: August 2010
Ending Date: June 2011

14. CONGRESSIONAL DISTRICTS OF
a. Applicant: 16th
b. Project: 16th

15. ESTIMATED FUNDING

a. Federal	$	882,838 .00
b. Applicant	$	212,631 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	1,095,469 .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: 5/24/10
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 William Middle Name F
Last Name Sherry Suffix
b. Title Director of Aviation
c. Telephone number (give area code) 408-501-7669
d. Signature of Authorized Representative
e. Date Signed 5/24/10

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

(Standard Current 3/10/07)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 5/24/10	Applicant Identifier:	
3. DATE RECEIVED BY STATE	State Application Identifier:	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 03-06-226	

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

5. APPLICANT INFORMATION

Legal Name: City of San Jose
Organizational Unit:
Department: Norman Y Mineta San Jose Intl Airport
Organizational DUNS: 063541874
Division:
Address:
Street: 1732 North First Street, Suite 600
City: San Jose
County: Santa Clara
State: CA
Zip Code: 95112-4538
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Laura
Middle Name:
Last Name: Luu
Suffix:
Email: lluu@sjc.org
Phone number (give area code): 408-501-7629
FAX number (give area code): 408-573-1677

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

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: DOT - Federal Aviation Administration

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Design and construction of Phase 2 of the Taxiway W Extension from Taxiway B to Taxiway C and construction of Taxiway C from Taxiway V to Taxiway W. The taxiways will be constructed with pcc pavement. The shoulders will be constructed using ac pavement. All appropriate signage, lighting, marking and drainage are included.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: San Jose, California

13. PROPOSED PROJECT
Start Date: August 2010
Ending Date: June 2011

14. CONGRESSIONAL DISTRICTS OF
a. Applicant: 16th
b. Project: 16th

15. ESTIMATED FUNDING

a. Federal	$	6,657,708 .00
b. Applicant	$	1,603,500 .00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	8,261,208 .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: 5/24/10
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 William Middle Name F
Last Name Sherry Suffix
b. Title Director of Aviation
c. Telephone number (give area code) 408-501-7669
d. Signature of Authorized Representative
e. Date Signed 5/24/10

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:
Completed by Grants.gov upon submission.	

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

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Stream Power, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
271231772	962419433

d. Address:

* Street1: 2142 Burnt Mill Road
Street2:
* City: Tustin
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92782-8602

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Dr. * First Name: Pat
Middle Name:
* Last Name: Sankar
Suffix:

Title: CEO and Chief Scientist

Organizational Affiliation:

* Telephone Number: (714) 474-4532 Fax Number: (714) 544-0772

* Email: psankar@thestreampower.com

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-048 * b. Program/Project: CA-048

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010 * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	151,050.00
* b. Applicant	38,350.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	189,400.00

*** 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 05/30/2010.

[ ] 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: Dr. * First Name: Pat

Middle Name:

* Last Name: Sankar

Suffix:

* Title: CEO and Chief Scientist

* Telephone Number: (714) 474-4532 Fax Number: (714) 544-0772

* Email: psankar@thestreampower.com

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

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

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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* 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: Stream Power, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 271231772

* c. Organizational DUNS: 962419433

d. Address:

* Street1: 2142 Burnt Mill Road
Street2:
* City: Tustin
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92782-8602

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Dr.
* First Name: Pat
Middle Name:
* Last Name: Sankar
Suffix:

Title: CEO and Chief Scientist

Organizational Affiliation:

* Telephone Number: 714-474-4532
Fax Number: 714-544-0772

* Email: psankar@thestreampower.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Q: For-Profit 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:**

Golden Field Office

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000293

* Title:

Marine and Hydrokinetic Technology Readiness Advancement Initiative

13. Competition Identification Number:

Title:

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

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

In this project we propose to design and demonstrate the feasibility of a super tanker mobile energy source to harness power from ocean currents.

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-048
* b. Program/Project: CA-048

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	228,300.00
* b. Applicant	57,600.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	285,900.00

*** 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 05/30/2010.

[ ] 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: Dr. * First Name: Pat

Middle Name:

* Last Name: Sankar

Suffix:

* Title: CEO and Chief Scientist

* Telephone Number: 714-474-4532 Fax Number: 714-544-0772

* Email: psankar@thestreampower.com

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