

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16 - 31, 2011**. 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.

TAB 1

100%

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

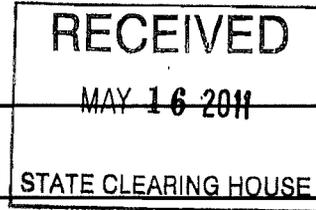
- Preapplication
- Application
- Changed/Corrected Application

\*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: South County Housing Corporation

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-2590572

\*c. Organizational DUNS:  
09-854-2202

**d. Address:**

\*Street 1: 7455 Carmel Street

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

\*City: Gilroy

County: Santa Clara County

\*State: CA

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

\*Country: USA

\*Zip / Postal Code 95020

**e. Organizational Unit:**

Department Name:

N/A

Division Name:

N/A

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

Prefix: \_\_\_\_\_ \*First Name: Seth

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

\*Last Name: Capron

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

Title: Senior Project Manager

Organizational Affiliation:

\*Telephone Number: 408-843-9253

Fax Number: 408-842-0277

\*Email: Seth@SCounty.com

**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:**

US Department of Agriculture - Rural Development

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

10-420 \_\_\_\_\_

CFDA Title:

Rural Self-Help Housing Technical Assistance - RD-523 \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**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:**

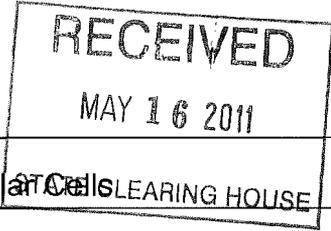
The 100% application is for \$819,783, for the development of 30 Mutual Self-Help houses under the USDA Section 523 TA grant.



**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision	* Other (Specify)
*3. Date Received: 05/09/2011		4. Application Identifier: 0387-1645: Second Generation CdTe Solar Cells	
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: Uriel Solar Inc.	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 263231577	*c. Organizational DUNS: 828819362

**d. Address:**

\*Street1: 2524 Townsgate Rd., STE F  
 Street 2:  
 \*City: Westlake Village  
 County:  
 \*State: CA  
 Province:  
 Country:  
 \*Zip/ Postal Code: 91361

**e. Organizational Unit:**

Department Name: N/A	Division Name: N/A
-------------------------	-----------------------

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

Prefix: Dr. First Name: Peter  
 Middle Name:  
 \*Last Name: Dingu  
 Suffix:  
 Title: COO  
 Organizational Affiliation:  
 COO of Uriel Solar Inc. a for-profit startup company

*Telephone Number: 805-557-1131	Fax Number: 805-557-4544
*Email: peterdingus@urielsolar.net	

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: R. Small Business

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:

DOE

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

CFDA Number: 81.087

\*12. Funding Opportunity Number: DE-FOA-0000387

\*Title: Transformational PV Science and Technology:  
Next Generation Photovoltaics II

13. Competition Identification Number:

Title:

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

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

Second Generation CdTe Solar Cells

**Attach supporting documents as specified in agency instructions.**

### Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant CA 24th Congressional District

\*b. Program/Project: CA 24th Congressional District

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

17. Proposed Project:

\*a. Start Date: 08/01/2011

\*b. End Date: 08/01/2013

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

*a. Federal	\$750,000.00
*b. Applicant	\$1,250,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$2,000,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

#### Authorized Representative:

Prefix: Dr.

\*First Name: Peter

Middle Name:

\*Last Name: Dingus

Suffix:

\*Title: COO

\*Telephone Number: 805-557-1131

Fax Number: 805-557-4544

\*Email: peterdingus@urielsolar.net

\*Signature of Authorized Representative: 

Date Signed: 05/09/2011

### PART I - FACE SHEET

## APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application  Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

05/16/11

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

11SR128642

4. DATE RECEIVED BY FEDERAL AGENCY:

05/16/11

FEDERAL IDENTIFIER:

09SRPCA017

5. APPLICATION INFORMATION

LEGAL NAME: Central County United Way

DUNS NUMBER: 008028560

ADDRESS (give street address, city, state, zip code and county):

418 E. Florida Ave.  
Hemet CA 92543 - 4210  
County: Riverside

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Denise Cruz

TELEPHONE NUMBER: (951) 928-0423

FAX NUMBER: (951) 852-0064

INTERNET E-MAIL ADDRESS: rsvp@ccuw.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

958006645

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box):

NEW

NEW/PREVIOUS GRANTEE

CONTINUATION

AMENDMENT

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

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION

D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP of Western Riverside County

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

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

Western Riverside County: Includes the cities of Banning, Beaumont, Calimesa, Canyon Lake, Corona, Hemet, Lake Elsinore, Menifee, Moreno Valley, Murrieta, Perris, Riverside, San Jacinto, Temecula and Wildomar.

13. PROPOSED PROJECT: START DATE: 07/01/09

END DATE: 03/31/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 045

b.Program CA 045

15. ESTIMATED FUNDING Year #: 3

a. FEDERAL

\$ 46,057.00

b. APPLICANT

\$ 21,908.00

c. STATE

\$ 0.00

d. LOCAL

\$ 21,908.00

e. OTHER

\$ 0.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 67,965.00

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

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

DATE: 25-APR-11

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES if "Yes," attach an explanation.

NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Bob Duistermars

b. TITLE:

President

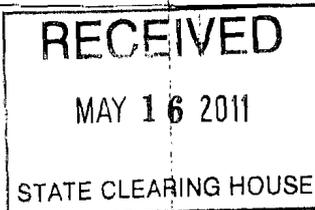
c. TELEPHONE NUMBER:

(951) 929-9691

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

05/16/11



**Application for Federal Assistance SF-424**

Version 02

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



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

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

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Toxic Substances Control, California Department of

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381	*c. Organizational DUNS: 949010870
---	---------------------------------------

**d. Address:**  
\*Street1: 8800 Cal Center Drive  
Street 2:  
\*City: Sacramento  
County: Sacramento  
\*State: California  
Province:  
Country: United States \*Zip/ Postal Code: 95826

**e. Organizational Unit:**

Department Name: Toxic Substances Control, California Department of	Division Name: Brownfields and Environmental Restoration Program
--	---

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

Prefix: Ms. First Name: Jessie  
Middle Name:  
\*Last Name: Ugalde  
Suffix:  
Title: Associate Analyst

Organizational Affiliation:  
Grants Administration Program, Brownfields and Environmental Restoration Program

*Telephone Number: (916) 255-3897	Fax Number: (916) 255-6445
*Email: jugalde@dtsc.ca.gov	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

United States Environmental Protection Agency - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC  
COOPERATIVE AGREEMENTS

\*12. Funding Opportunity Number: NA

\*Title: NA

13. Competition Identification Number: NA

Title:

NA

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

California - Statewide

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

Superfund Preliminary Assessment/Site Investigation (PA/SI)

**Attach supporting documents as specified in agency instructions.**

**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: **07/01/2011** \*b. End Date: **06/30/2012**

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

*a. Federal	\$550,000.00	*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	\$550,000.00

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

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

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: **Mr.** \*First Name: **Stewart**

Middle Name: **W.**

\*Last Name: **Black**

Suffix:

\*Title: **Deputy Director (Acting), Brownfields and Environmental Restoration Program**

\*Telephone Number: **(916) 324-3148**

Fax Number: **(916) 323-3500**

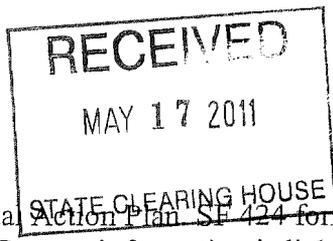
\*Email: **sblack@dtsc.ca.gov**

\*Signature of Authorized Representative: *Barbara J. [Signature]* Date Signed: **5/12/2011**

*for Stewart Black*



# SF 424



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



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

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		828927876	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
<b>Employer Identification Number (EIN):</b>		Fresno County	
94-60000512		07/01	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: Fresno County			
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
<b>CDBG Project Titles</b>		<b>Description of Areas Affected by CDBG Project(s)</b>	
<ul style="list-style-type: none"> <li>- General Management, Oversight, and Coordination</li> <li>- CDBG Housing Program Administration</li> <li>- Housing Assistance Rehabilitation Program</li> <li>- City Activities</li> <li>- Public Facilities and Infrastructure Improvement Projects</li> <li>- Public Service Programs</li> </ul>		The unincorporated area of Fresno County; the cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma	
CDBG Grant Amount: \$4,302,331			
Anticipated Program Income: \$505,000			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
<b>HOME Project Titles</b>		<b>Description of Areas Affected by HOME Project(s)</b>	
<ul style="list-style-type: none"> <li>- HOME Program Administration</li> <li>- Homebuyer Assistance</li> <li>- Affordable Housing Development</li> <li>- Housing Assistance Rehabilitation Program</li> </ul>		The unincorporated area of Fresno County, the cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma	
HOME Grant Amount: \$1,692,729			
Anticipated Program Income: \$600,000			

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier CA-90-Y790
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application		
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Montebello, Montebello Bus Lines		<b>Organizational Unit:</b> Department: Transportation	
Organizational DUNS: 174479642		Division:	
<b>Address:</b> Street: 400 South Taylor Avenue		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Montebello		Prefix: Ms.	First Name: Alva
County: Los Angeles		Middle Name	
State: CA	Zip Code 90640	Last Name Carrasco	
Country: USA		Suffix:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 0 7 4 6		Phone Number (give area code) 323 887 4658	Fax Number (give area code) 323 887 4643
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) (c) Municipal Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 2 0 - 5 0 0		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 5307 for Bus Replacement and Infrastructure Improvements	
TITLE (Name of Program): Federal Transit Administration			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Montebello, Los Angeles County			
<b>13. PROPOSED PROJECT</b> Start Date: 04/01/2011    Ending Date: 12/31/2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 38    b. Project	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 3,495,800 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 10, 2011	
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 42,200 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 3,538,000 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name Aurora	Middle Name	
Last Name Jackson		Suffix	
b. Title Director of Transportation		c. Telephone Number (give area code) 323-887-4606	
d. Signature of Authorized Representative 		e. Date Signed May 10, 2011	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier CA-04-0204
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Montebello, Montebello Bus Lines		<b>Organizational Unit:</b>	
Organizational DUNS: 174479642		Department: Transportation	
<b>Address:</b> Street: 400 South Taylor Avenue		Division:	
City: Montebello		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
County: Los Angeles		Prefix: Ms.	First Name: Alva
State: CA		Middle Name	
Zip Code: 90640	Last Name Carrasco		
Country: USA	Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 0 7 4 6		Email: acarrasco@cityofmontebello.com	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) 323 887 4658	
Other (specify)		Fax Number (give area code) 323 887 4643	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Federal Transit Administration		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) (c) Municipal Other (specify)	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Montebello, Los Angeles County		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration	
<b>13. PROPOSED PROJECT</b> Start Date: 01/01/2011		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 5309 FY2009 for Bus Replacement	
Ending Date: 12/31/2012		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 38	
<b>15. ESTIMATED FUNDING:</b>		b. Project	
a. Federal	\$ 158,000 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
b. Applicant	\$ . <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
c. State	\$ . <sup>00</sup>	DATE: May 11, 2011	
d. Local	\$ . <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$ . <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$ . <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g. TOTAL	\$ 158,000 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix Ms.	First Name Aurora	Middle Name	
Last Name Jackson		Suffix	
b. Title Director of Transportation		c. Telephone Number (give area code) 323-887-4606	
d. Signature of Authorized Representative		e. Date Signed May 11, 2011	

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**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):**

94-6092123

**\* c. Organizational DUNS:**

1247267250000

RECEIVED

MAY 18 2011

STATE CLEARING HOUSE

**d. Address:**

**\* Street1:**

Sponsored Projects Office

**Street2:**

2150 Shattuck Avenue, Suite 313

**\* City:**

Berkeley

**County/Parish:**

Alameda

**\* State:**

CA; California

**Province:**

**\* Country:**

USA; UNITED STATES

**\* Zip / Postal Code:**

94704-5940

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

wendi

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Hayes

**Suffix:**

\_\_\_\_\_

**Title:**

Research Administrator

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

510-643-3391

**Fax Number:**

510-642-8236

**\* Email:**

wendi@berkeley.edu

**Application for Federal Assistance SF-424**

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

II: 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

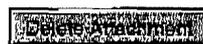
**13. Competition Identification Number:**

G11AS20009

Title:

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

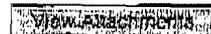
Areas affected by Project.pdf



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

NGA-Subduction: Data and Metadata Collection of Recent Subduction events, and comparison with existing subduction GMPES

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

16. Congressional District Of:

a. Applicant: CA-009

b. Program/Project: CA-009

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

17. Proposed Project:

a. Start Date: 01/01/2012

b. End Date: 12/31/2012

18. Estimated Funding (\$):

a. Federal	79,894.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	79,894.00

\* 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 05/18/2011.

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

I AGREE

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

Authorized Representative:

Prefix: Middle Name: Last Name: Suffix:

Associate Director

Telephone Number: 510-642-8109 Fax Number: 510-642-8236

Email: bpo\_grants\_gov@lists.berkeley.edu

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

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

**Application for Federal Assistance SF-424**

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

- Praapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**RECEIVED**

MAY 18 2011

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

The Regents of the University of California

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

94-6002123

**\* c. Organizational DUNS:**

1247267250000

**d. Address:**

**\* Street1:**

Sponsored Projects Office

**Street2:**

2150 Shattuck Ave., STE 313

**\* City:**

Berkeley

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94704-5940

**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:**

Wendi

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Hayes

**Suffix:**

\_\_\_\_\_

**Title:**

Research Administrator

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

510-643-3391

**Fax Number:**

510-642-8236

**\* Email:**

wendih@berkeley.edu

**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

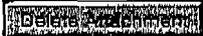
**13. Competition Identification Number:**

G11AS20009

Title:

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

areas affected.pdf



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

iShake: Using Personal Devices to Deliver Rapid, Semi-Quantitative Earthquake Shaking Information

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-009

b. Program/Project CA-009

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



## 17. Proposed Project:

\* a. Start Date: 12/01/2011

\* b. End Date: 11/30/2012

## 18. Estimated Funding (\$):

* a. Federal	89,982.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	89,982.00

## \* 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 05/18/2011.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach



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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Ms. \* First Name: Patricia

Middle Name:

\* Last Name: Gates

Suffix:

\* Title: Associate Director

\* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

\* Email: spo\_grants\_gov@lists.berkeley.edu

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

OMB Number: 4040-0004

Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="05/18/2011"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">MAY 18 2011</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>
<b>State Use Only:</b> 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>		
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="The Regents of the University of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6002123"/>	* c. Organizational DUNS: <input type="text" value="1247267250000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="Sponsored Projects Office"/>	Street2: <input type="text" value="2150 Shattuck Ave., STE 313"/>	
* City: <input type="text" value="Berkeley"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="94704-5940"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Wendi"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Hayes"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Research Administrator"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="510-643-3391"/>	Fax Number: <input type="text" value="510-642-8236"/>	
* Email: <input type="text" value="wendih@berkeley.edu"/>		

**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

Title:

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

areas affected.pdf



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

Liquefaction Effects on Buildings and Lifelines in Christchurch

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-009

b. Program/Project CA-009

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

--	--	--	--

## 17. Proposed Project:

\* a. Start Date: 12/01/2011

\* b. End Date: 11/30/2012

## 18. Estimated Funding (\$):

* a. Federal	99,966.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	99,966.00

## \* 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 05/18/2011.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

--	--	--	--

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Ms. \* First Name: Patricia

Middle Name:

\* Last Name: Gates

Suffix:

\* Title: Associate Director

\* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

\* Email: spo\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative: Patricia Gates \* Date Signed: 05/18/2011

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 05/18/2011	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123	* c. Organizational DUNS: 1247267250000	
d. Address:		
* Street1: 2150 Shattuck Ave. Suite 300	Street2: _____	
* City: Berkeley	County/Parish: Alameda	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94704-5940	
e. Organizational Unit:		
Department Name: Earth & Planetary Sciences	Division Name: Berkeley Seismology Lab	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Christine	
Middle Name: _____	* Last Name: Luppino	
Suffix: _____	Title: _____	
Organizational Affiliation: Sponsored Projects Office		
* Telephone Number: 510-643-6113	Fax Number: 510-642-8236	
* Email: cluppino@berkeley.edu		

RECEIVED

MAY 18 2011

STATE CLEANING HOUSE

**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

**\* Title:**

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

**Title:**

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

Areas affected.pdf



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

Rapid finite-fault earthquake and afterslip information from seismic and real-time GPS observations

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-009

b. Program/Project CA-009

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

## 17. Proposed Project:

\* a. Start Date: 06/01/2012

\* b. End Date: 05/31/2013

## 18. Estimated Funding (\$):

* a. Federal	67,594.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	67,594.00

## \* 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

05/18/2011

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

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

 Yes  No

If "Yes", provide explanation and attach

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Middle Name: \* First Name: Patricia

Middle Name:

\* Last Name: Gates

Suffix:

\* Title: Asst. Director Federal Projects

\* Telephone Number: 510-642-8109

Fax Number: 510-642-8236

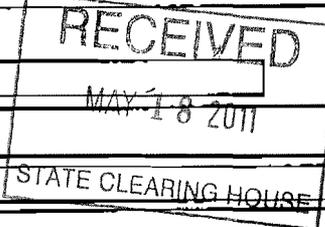
\* Email: SPO\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative: Patricia Gates

\* Date Signed: 05/16/2011

OMB Number: 4040-0004  
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 05/17/2011		4. Applicant Identifier: _____		
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____		
<b>State Use Only:</b>				
6. Date Received by State: _____		7. State Application Identifier: _____		
<b>8. APPLICANT INFORMATION:</b>				
* a. Legal Name: The Regents of the University of California				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123		* c. Organizational DUNS: 1247267250000		
<b>d. Address:</b>				
* Street1:	2150 Shattuck Ave. Suite 300			
Street2:	_____			
* City:	Berkeley			
County/Parish:	Alameda			
* State:	CA: California			
Province:	_____			
* Country:	USA: UNITED STATES			
* Zip / Postal Code:	94704-5940			
<b>e. Organizational Unit:</b>				
Department Name: Earth & Planetary Science		Division Name: Berkeley Seismology Lab		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>				
Prefix:	_____	* First Name:	Christine	
Middle Name:	_____			
* Last Name:	Luppino			
Suffix:	_____			
Title:	Research Administrator			
Organizational Affiliation: Sponsored Projects Office				
* Telephone Number:	510-643-6113	Fax Number:	510-642-8236	
* Email:	cluppino@berkeley.edu			



**Application for Federal Assistance SF-424****\* 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:**

G11AS20009

**\* Title:**

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

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

Taira\_Areas.pdf

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

Improved Monitoring of Anza Seismicity and Deep Fault Deformation along the San Jacinto Fault:  
Collaborative Research with University of California, Berkeley and University of Miami

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-009

b. Program/Project CA-009

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

## 17. Proposed Project:

\* a. Start Date: 01/01/2013

\* b. End Date: 12/31/2013

## 18. Estimated Funding (\$):

* a. Federal	37,928.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	37,928.00

## \* 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 05/18/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, 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: Patricia

Middle Name:

\* Last Name: Gates

Suffix:

\* Title: Asst. Director Federal Projects

\* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

\* Email: SPO\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative: Patricia Gates \* Date Signed: 05/17/2011

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_



**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):**

94-6002123

**\* c. Organizational DUNS:**

1247267250000

**d. Address:**

**\* Street1:**

Sponsored Projects Office

**Street2:**

2150 Shattuck Ave., STE 313

**\* City:**

Berkeley

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94704-5940

**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:**

Wendi

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Hayes

**Suffix:**

\_\_\_\_\_

**Title:**

Research Administrator

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

510-643-3391

**Fax Number:**

510-642-8236

**\* Email:**

wendi.h@berkeley.edu

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

R: 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:**

G11AS20009

**Title:**

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

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

areas affected.pdf

Add Attachments

Delete Attachments

View Attachments

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

i.Shake: Using Personal Devices to Deliver Rapid, Semi-Quantitative Earthquake Shaking Information

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	CA-009
b. Program/Project	CA-009
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="Clear All Attachments"/>	
<b>17. Proposed Project:</b>	
* a. Start Date:	12/01/2011
* b. End Date:	11/30/2012
<b>18. Estimated Funding (\$):</b>	
* a. Federal	89,962.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	89,962.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	05/18/2011
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="Clear All Attachments"/>	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix:	Ms.
* First Name:	Patricia
Middle Name:	
* Last Name:	Gates
Suffix:	
* Title:	Associate Director
* Telephone Number:	510-642-8109
Fax Number:	510-642-8236
* Email:	spo_grants_gov@lists.berkeley.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

OMB Number: 4040-0004

Expiration Date: 03/31/2012

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only: 6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: The Regents of the University of California			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123		* c. Organizational DUNS: 1247267250000	
<b>d. Address:</b>			
* Street1:		Sponsored Projects Office	
* Street2:		2150 Shattuck Avenue, Suite 313	
* City:		Berkeley	
* County/Parish:		Alameda	
* State:		CA: California	
* Province:			
* Country:		USA: UNITED STATES	
* Zip / Postal Code:		94704-5940	
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
<input type="text"/>		<input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	<input type="text"/>	* First Name:	Wendi
Middle Name:	<input type="text"/>		
* Last Name:	Hayes		
Suffix:	<input type="text"/>		
Title:	Research Administrator		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	510-643-3391	Fax Number:	510-642-8236
* Email:	wendin@berkeley.edu		

RECEIVED

MAY 18 2011

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

II: 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

Title:

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

Areas affected by Project.pdf



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

NGA-Subduction: Data and Metadata Collection of Recent Subduction events, and comparison with existing subduction GMPES

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

---

**16. Congressional Districts Of:**

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

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

---

**17. Proposed Project:**

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

---

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

* a. Federal	<input type="text" value="79,894.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="79,894.00"/>

---

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

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

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

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

---

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

Yes       No

If "Yes", provide explanation and attach

---

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

\*\* I AGREE

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

---

**Authorized Representative:**

Prefix:       \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

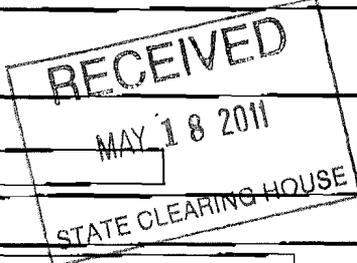
\* Telephone Number:       Fax Number:

\* Email:

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

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

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="05/18/2011"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b> 6. Date Received by State: <input type="text"/> 7. State Application Identifier: <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b> * a. Legal Name: <input type="text" value="The Regents of the University of California"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6002123"/>		* c. Organizational DUNS: <input type="text" value="1247267250000"/>	
<b>d. Address:</b> * Street1: <input type="text" value="Sponsored Projects Office"/> Street2: <input type="text" value="2150 Shattuck Ave., STE 313"/> * City: <input type="text" value="Berkeley"/> County/Parish: <input type="text"/> * State: <input type="text" value="CA: California"/> Province: <input type="text"/> * Country: <input type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input type="text" value="94704-5940"/>			
<b>e. Organizational Unit:</b> Department Name: <input type="text"/> Division Name: <input type="text"/>			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b> Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Wendi"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Raves"/> Suffix: <input type="text"/> Title: <input type="text" value="Research Administrator"/> Organizational Affiliation: <input type="text"/> * Telephone Number: <input type="text" value="510-643-3391"/> Fax Number: <input type="text" value="510-642-8236"/> * Email: <input type="text" value="wendih@berkeley.edu"/>			



**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

Title:

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

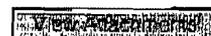
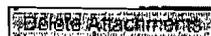
areas affected.pdf



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

Liquefaction Effects on Buildings and Lifelines in Christchurch

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant

CA-009

b. Program/Project

CA-009

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

## 17. Proposed Project:

\* a. Start Date:

12/01/2011

\* b. End Date:

11/30/2012

## 18. Estimated Funding (\$):

* a. Federal	99,966.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	99,966.00

## \* 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

05/18/2011

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

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

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

 Yes

 No

If "Yes", provide explanation and attach

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:

Ms -

\* First Name:

Patricia

Middle Name:

\* Last Name:

Gates

Suffix:

\* Title:

Associate Director

\* Telephone Number:

510-642-8109

Fax Number:

510-642-8236

\* Email:

spo\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative:

Patricia Gates

\* Date Signed:

05/18/2011

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

\* 3. Data Received:

05/17/2011

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

\_\_\_\_\_

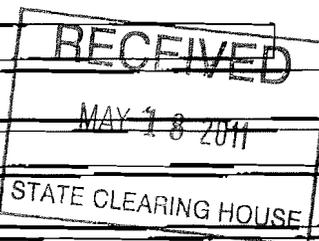
State Use Only:

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):

94-6002123

\* c. Organizational DUNS:

1247267250000

**d. Address:**

\* Street1:

2150 Shattuck Ave. Suite 300

Street2:

\_\_\_\_\_

\* City:

Berkeley

County/Parish:

Alameda

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94704-5940

**e. Organizational Unit:**

Department Name:

Earth & Planetary Sciences

Division Name:

Berkeley Seismology Lab

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

Prefix:

\_\_\_\_\_

\* First Name:

Christine

Middle Name:

\_\_\_\_\_

\* Last Name:

Luppino

Suffix:

\_\_\_\_\_

Title:

Research Administrator

Organizational Affiliation:

Sponsored Projects Office

\* Telephone Number:

510-643-6113

Fax Number:

510-642-0236

\* Email:

cluppino@berkeley.edu

**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

Title:

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

Johanson\_Areas.pdf



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

Transient slip on the Hayward fault from SBAS-INSAR, GPS and seismicity data

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="64,487.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="64,487.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

[Empty field]

**\* Other (Specify):**

[Empty field]

**\* 3. Date Received:**

05/17/2011

**4. Applicant Identifier:**

[Empty field]

**5a. Federal Entity Identifier:**

[Empty field]

**5b. Federal Award Identifier:**

[Empty field]

**State Use Only:**

**6. Date Received by State:**

[Empty field]

**7. State Application Identifier:**

[Empty field]

RECEIVED

MAY 18 2011

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

The Regents of the University of California

STATE CLEARING HOUSE

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

94-6002123

**\* c. Organizational DUNS:**

1247267250000

**d. Address:**

**\* Street1:**

2150 Shattuck Ave. Suite 300

**Street2:**

[Empty field]

**\* City:**

Berkeley

**County/Parish:**

Alameda

**\* State:**

CA: California

**Province:**

[Empty field]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94704-5940

**e. Organizational Unit:**

**Department Name:**

Earth & Planetary Sciences

**Division Name:**

Berkeley Seismology Lab

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

**Prefix:**

[Empty field]

**\* First Name:**

Christine

**Middle Name:**

[Empty field]

**\* Last Name:**

Luppino

**Suffix:**

[Empty field]

**Title:**

Research Administrator

**Organizational Affiliation:**

Sponsored Projects Office

**\* Telephone Number:**

510-643-6113

**Fax Number:**

510-642-8236

**\* Email:**

cluppino@berkeley.edu

**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

\* Title:

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

Title:

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

Dreger\_ContDev\_Areas.pdf



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

Continued development and implementation of continuous moment tensor scanning for offshore seismicity and tsunami early warning

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant

CA-009

b. Program/Project

CA-009

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

## 17. Proposed Project:

\* a. Start Date:

12/01/2011

\* b. End Date:

11/30/2012

## 18. Estimated Funding (\$):

* a. Federal	74,776.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	74,776.00

## \* 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

05/18/2011

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

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

 Yes No

If "Yes", provide explanation and attach

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

 I AGREE

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

## Authorized Representative:

Prefix:

\* First Name:

Patricia

Middle Name:

\* Last Name:

Gates

Suffix:

\* Title:

Associate Director Federal Projects

\* Telephone Number:

510-942-8109

Fax Number:

510-642-8236

\* Email:

SFO\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative:

Patricia Gates

\* Date Signed:

05/17/2011

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

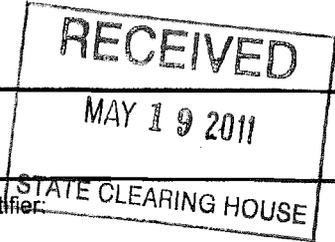
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

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



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: SELF-HELP ENTERPRISES

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

\*c. Organizational DUNS:  
056179906

**d. Address:**

\*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-2011: HOUSING PRESERVATION GRANTS

\*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2011

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

HPG-application target areas 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

**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: 09/01/2011

\*b. End Date: 9/1/2012

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

*a. Federal	_____	150,000
*b. Applicant	_____	
*c. State	_____	250,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	400,000

**\*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 5/18/2011
- 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

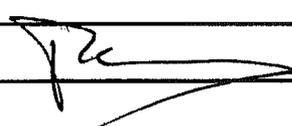
Suffix: \_\_\_\_\_

\*Title: PRESIDENT & CEO

\*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

\* Email: peterc@selfhelpenterprises.org

\*Signature of Authorized Representative: 

\*Date Signed: 5/18/2011

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> May 20, 2011	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b> May 18, 2011	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 11-8520-0934-GR
<b>5. APPLICANT INFORMATION</b>			
Legal Name: State of California		<b>Organizational Unit:</b> Department: Food and Agriculture	
Organizational DUNS: 807487865		Division: Plant Health and Pest Prevention Services	
<b>Address:</b> Street: 1220 N Street, Room 315		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Sacramento		Prefix:	First Name: Scott
County: Sacramento		Middle Name	
State: California	Zip Code 95814	Last Name Okimura	
Country: United States		Suffix:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0325104		Email: sokimura@cdfa.ca.gov	Phone Number (give area code) (916) 654-1211
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code) (916) 654-0555	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Exotic Fruit Fly Surveys in California		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California		<b>8. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ	
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2011		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Exotic fruit fly surveys in California	
Ending Date: December 31, 2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 40	
<b>15. ESTIMATED FUNDING:</b>		b. Project Exotic Fruit Fly Surveys in CA	
a. Federal	\$ 2,519,559 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
b. Applicant	\$ <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
c. State	\$ 10,856,663 <sup>00</sup>	DATE: May 19, 2011	
d. Local	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g. TOTAL	\$ 13,376,222 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix	First Name Kathy	Middle Name	
Last Name Alameda			Suffix
b. Title Manager, Federal Funds Management Unit			c. Telephone Number (give area code) (916) 651-9888
d. Signature of Authorized Representative			e. Date Signed

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<input type="checkbox"/> Pre-application	<b>2. DATE SUBMITTED</b>	Applicant Identifier CA Department of Food and Agriculture
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier F10-040	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 11-8500-0484-CA	
<b>5. APPLICANT INFORMATION</b>				
Legal Name:		Organizational Unit:		
State of California		Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health & Pest Prevention Services		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1220 N Street		Prefix:	First Name: Susan	
City: Sacramento		Middle Name		
County: Sacramento		Last Name Ichiho		
State: CA	Zip Code 95814	Suffix:		
Country: USA		Email: sichiho@cdfa.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0325104		Phone Number (give area code) 916-322-3414	Fax Number (give area code) 916-322-3466	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> A <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-025		<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ		
TITLE (Name of Program): Plant and Animal Disease, Pest Control and Animal Care		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Pierce's Disease Control Program/Glassy-winged Sharpshooter		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant California b. Project GWSS		
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/2010 Ending Date: 9/30/2011		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 14,600,000 <sup>00</sup>			
b. Applicant	\$ 3,530,000 <sup>00</sup>			
c. State	\$ <sup>00</sup>			
d. Local	\$ <sup>00</sup>			
e. Other	\$ <sup>00</sup>			
f. Program Income	\$ <sup>00</sup>			
g. TOTAL	\$ 18,130,000 <sup>00</sup>			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name Kathy	Middle Name		
Last Name Alameda			Suffix	
b. Title Federal Funds Manager			c. Telephone Number (give area code) 916-651-9888	
d. Signature of Authorized Representative			e. Date Signed	

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

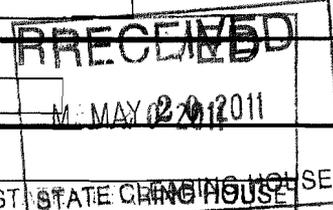
- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_



\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

20111334\_Nicholson

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

\_\_\_\_\_

**State Use Only:**

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

**6. APPLICANT INFORMATION:**

\* a. Legal Name:

The Regents of the University of California

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

956006145W

\* c. Organizational DUNS:

0946783940000

**d. Address:**

\* Street1:

Office of Research

Street2:

University of California

\* City:

Santa Barbara

County/Parish:

Santa Barbara

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93106-2050

**e. Organizational Unit:**

Department Name:

Marine Science Institute

Division Name:

\_\_\_\_\_

**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:

Marine Science Institute

\* Telephone Number:

(805) 893-8384

Fax Number:

(805) 893-8062

\* Email:

nicholson@msi.ucsb.edu

**Application for Federal Assistance SF-424**

**\* 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:**

G11AS20009

**\* Title:**

2012 Earthquake Hazards Reduction Program

**13. Competition Identification Number:**

G11AS20009

**Title:**

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

Areas affected .pdf



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

Mapping the 3D Geometry of Active Faults in Southern California

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="54,263.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="54,263.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

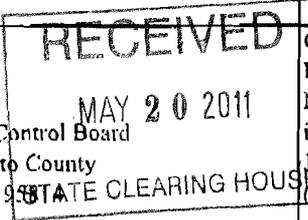
\* Telephone Number:  Fax Number:

\* Email:

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

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ ___ Construction ___ Construction ___ X ___ Nonconstruction ___ Nonconstruction		2. Date Submitted	Applicant Identifier CWSRF 11-01
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95834		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5694	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) ___ A ___ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913			
8. Type of Application: ___ X ___ New ___ Revision ___ Continuation If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for Clean Water State Revolving Funds		11. Descriptive Title of Applicant's Project: Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a nonpoint source management program, and development and implementation of estuary conservation and management plans.	
12. Area Affected by Project: (cities, counties, states, etc.) State of California			
13. Proposed Project: Start Date: 7/1/2011 End Date: 6/30/2021		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$105,610,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$105,610,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: ___ X ___ This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: May 20, 2011 b. NO: ___ Program is not covered by EO # 12372 ___ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? ___ YES, attach explanation ___ X ___ NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Thomas Howard		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: May 26, 2011	



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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

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

**RECEIVED**

**MAY 20 2011**

STATE CLEARING HOUSE

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Sacramento Metropolitan Air Quality Management District

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

68-0382186

**\* c. Organizational DUNS:**

0264538990000

**d. Address:**

**\* Street1:**

777 12th Street, 3rd Floor

**Street2:**

\_\_\_\_\_

**\* City:**

Sacramento

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814-1905

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

Program Coordination Division

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Brigette

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Tollstrup

**Suffix:**

\_\_\_\_\_

**Title:**

Division Manager

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

916-874-4832

**Fax Number:**

916-874-4899

**\* Email:**

btollstrup@airquality.org

**Application for Federal Assistance SF-424**

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

D: Special District Government

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

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

**\* Other (specify):**

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

Environmental Protection Agency

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

66.034

**CFDA Title:**

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

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

EPA-OAR-OAQPS-11-05

**\* Title:**

Community-Scale Air Toxics Ambient Monitoring

**13. Competition Identification Number:**

**Title:**

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

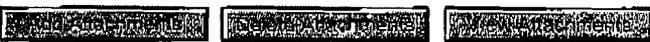
Attachment for Standard Form 424 - areas af



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

Methods to improve episodic residential wood burning controls to reduce exposure to air toxics in local communities

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
 \* a. Applicant  b. Program/Project

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

**17. Proposed Project:**  
 \* a. Start Date:  \* b. End Date:

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

* a. Federal	<input type="text" value="619,304.00"/>
* b. Applicant	<input type="text" value="535,264.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,154,568.00"/>

\* 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.C. 12372.

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

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

**Authorized Representative:**

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/13/2011	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 05/13/2011	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: COUNTY OF HUMBOLDT	Organizational Unit: Department: COMMUNITY DEVELOPMENT SERVICES DEPARTMENT
Organizational DUNS: 612416045	Division: ECONOMIC DEVELOPMENT DIVISION
Address: Street: 520 E STREET	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: ANGELINE
City: EUREKA	Middle Name WHITE
County: HUMBOLDT	Last Name SCHWAB
State: CA	Zip Code 95501
Country: UNITED STATES OF AMERICA	Email: ASCHWAB@CO.HUMBOLDT.CA.US

**RECEIVED**  
 MAY 20 2011  
 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 94-6000513  
 Phone Number (give area code): (707) 445-7745  
 Fax Number (give area code): (707) 445-7219

**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)  
 COUNTY  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
 USDA 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:**  
 The County, North Coast Small Business Development Center, UC Cooperative Extension, CAFF, Farm Bureau and local businesses have prototyped a "Buy Local Receipt" project, Farm-to-Table Dinners and Redwood Buyer Tours that will stimulate sales and create jobs for more than 50 small businesses in Humboldt, Del Norte and Western Trinity counties.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 HUMBOLDT, DEL NORTE AND TRINITY COUNTIES

**13. PROPOSED PROJECT**  
 Start Date: 10/01/2011    Ending Date: JUNE 30, 2011

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

**15. ESTIMATED FUNDING:**

a. Federal	\$	200,000 <sup>00</sup>
b. Applicant	\$	32,500 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	171,400 <sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	403,900 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes:  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: MAY, 16, 2011  
 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

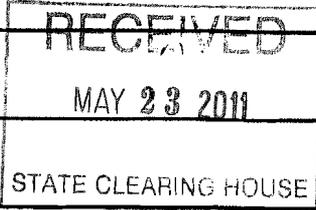
**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**

Prefix MR.	First Name KIRK	Middle Name
Last Name GIRARD		Suffix
b. Title DIRECTOR, COMMUNITY DEVELOPMENT SERVICES		c. Telephone Number (give area code) (707) 445-7745
d. Signature of Authorized Representative <i>Kirk Girard</i> for Kirk Girard		e. Date Signed MAY 13, 2011

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

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



3. Date Received:	4. Applicant Identifier:
-------------------	--------------------------

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\*a. Legal Name: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676	*c. Organizational DUNS: 056179906
--	---------------------------------------

**d. Address:**

\*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

**16. Congressional Districts Of:**

\*a. Applicant: 21

\*b. Program/Project: 18-21

**17. Proposed Project:**

\*a. Start Date: 09/01/2011

\*b. End Date: 9/1/2012

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

*a. Federal	_____	150,000
*b. Applicant	_____	
*c. State	_____	250,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	400,000

**\*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 5/18/2011
- 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

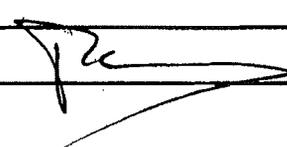
Suffix: \_\_\_\_\_

\*Title: PRESIDENT & CEO

\*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

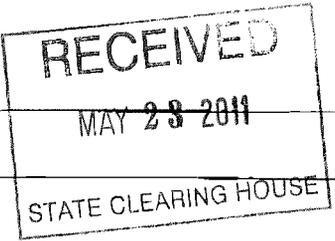
\* Email: peterc@selfhelpenterprises.org

\*Signature of Authorized Representative: 

\*Date Signed: 5/18/2011

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

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



<b>*3. Date Received:</b>	<b>4. Application Identifier:</b> CA-37-x144
---------------------------	---

<b>5a. Federal Entity Identifier:</b> 1615	<b>*5b. Federal Award Identifier:</b>
---	---------------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name: Southern California Association of Governments</b>		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2409649	<b>* c. Organizational DUNS:</b> 075318832	

**d. Address:**

\*Street1: 818 W &th Street  
 Street 2: 12th Floor  
 \*City: Los Angeles  
 County: Los Angeles  
 \*State: CA  
 Province:  
 Country:  
 \*Zip/ Postal Code: 90017

**e. Organizational Unit:**

Department Name: Budget and Grants	Division Name: Finance
---------------------------------------	---------------------------

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

Prefix: Middle Name: *Last Name: Villanueva Suffix:	First Name: Bernice
Title: Manager, Budget and Grants Section	
Organizational Affiliation:	

*Telephone Number: 213-236-1892	Fax Number: (213)236-1825
---------------------------------	---------------------------

\*Email: villanueva@scaq.ca.gov

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: **E. Regional Organization**

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:  
**Federal Transit Administration**

11. Catalog of Federal Domestic Assistance Number:  
**20516**  
CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

**Riverside County, San Bernardino County**

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

**Administrative funds for Jobs Access Reverse Commute (FTA 5316), funding years 2008-09, 2009-10, and 2010-11. These funds are for the Urbanized Areas of Riverside-San Bernardino, Temecula-Murrieta, and Indio-Cathedral City- Palm Springs.**

**Attach supporting documents as specified in agency instructions.**





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

Application for Federal Assistance SF-424	
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<p>* 2. Type of Application:      * If Revision, select appropriate letter(s):</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<p>* 3. Date Received:      4. Applicant Identifier:</p>	
<p>5a. Federal Entity Identifier:      * 5b. Federal Award Identifier:</p>	
<p><b>State Use Only:</b></p> <p>6. Date Received by State:      7. State Application Identifier:</p>	
<p><b>8. APPLICANT INFORMATION:</b></p> <p>* a. Legal Name: Plumas Rural Services</p> <p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2722880</p> <p>* c. Organizational DUNS: 1986795320000</p>	
<p><b>d. Address:</b></p> <p>* Street1: 586 Jackson Street</p> <p>Street2:</p> <p>* City: Quincy</p> <p>County: Plumas</p> <p>* State: CA: California</p> <p>Province:</p> <p>* Country: USA: UNITED STATES</p> <p>* Zip / Postal Code: 95971</p>	
<p><b>e. Organizational Unit:</b></p> <p>Department Name:      Division Name:</p>	
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p> <p>Prefix:      * First Name: Michele</p> <p>Middle Name: Lynn</p> <p>* Last Name: Piller</p> <p>Suffix:</p> <p>Title: Executive Director</p> <p>Organizational Affiliation:</p> <p>* Telephone Number: 530-283-2735      Fax Number: 530-283-3647</p> <p>* Email: mpiller@plumasruralservices.org</p>	

**RECEIVED**

MAY 23 2011

STATE CLEARING HOUSE

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

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

**\* 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:**

## CFDA Title:

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

## \* Title:

**13. Competition Identification Number:**

## Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):****\* 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant CA-004

\* b. Program/Project CA-004

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

Project: CA-002 also

**17. Proposed Project:**

\* a. Start Date: 10/01/11

\* b. End Date: 09/30/12

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

\* a. Federal \$59,961.50

\* b. Applicant \$3,005.44

\* c. State

\* d. Local

\* e. Other \$15,600.00

\* f. Program Income

\* g. TOTAL \$78,566.94

**\* 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 05/23/11 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.) Applicant Federal Debt Delinquency 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: Michele

Middle Name: Lynn

\* Last Name: Piller

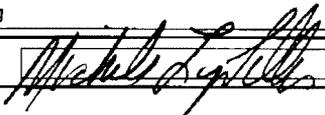
Suffix:

\* Title: Executive Director

\* Telephone Number: 530-283-2735

Fax Number: 530-283-3647

\* Email: mpiller@plumasruralservices.org

\* Signature of Authorized Representative: 

\* Date Signed: 05/23/2011

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED May 24, 2011	Applicant Identifier CA Department of Food & Agriculture
		3. DATE RECEIVED BY STATE May 23, 2011	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8523-0898-CA

**5. APPLICANT INFORMATION**

Legal Name: State of California	Organizational Unit: Department: CA Department of Food & Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 341	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Michael
City: Sacramento	Middle Name
County: Sacramento	Last Name Pitcairn
State: CA Zip Code 95814	Suffix:
Country: United States	Email: mpitcairn@cdfa.ca.gov

**RECEIVED**  
MAY 23 2011  
STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
68-0325104

Phone Number (give area code) (916) 262-2049	Fax Number (give area code) (916) 262-2059
---	---

**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:**  
 USDA/APHIS/PPQ

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE (Name of Program):  
 Plant Pest and Animal Disease  
 10-025

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Vine Mealybug Biological Control

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

**13. PROPOSED PROJECT**  
 Start Date: 7/1/11 Ending Date: 6/30/12

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

**15. ESTIMATED FUNDING:**

a. Federal	\$	144,633.00
b. Applicant	\$	.00
c. State	\$	124,611.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	269,244.00

**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 23, 2011  
 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 Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Federal Funds Manager	c. Telephone Number (give area code) (916) 651-9888	
d. Signature of Authorized Representative <i>Kathy Alameda</i>	e. Date Signed 5/23/11	

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>5. APPLICANT INFORMATION</b> Legal Name: COUNTY OF FRESNO, BOARD OF SUPERVISORS		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
Organizational DUNS: 078787397		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 10-8500-1274-CA
Address: Street: HALL OF RECORDS-ROOM 301 2281 TULARE STREET City: FRESNO Country: FRESNO State: CALIFORNIA Zip Code: 93721		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                   MAY 24 2011                   STATE CLEARING HOUSE             </div>		<b>Organizational Unit:</b> Department: DEPARTMENT OF AGRICULTURE Division:
Country: UNITED STATES OF AMERICA				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: Last Name: Suffix: First Name: CAROL
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000512		Phone Number (give area code) (559)-600-7510		Fax Number (give area code) (559)-455-2415
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA, APHIS, PPO
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): PLANT & ANIMAL DISEASE PEST CONTROL & ANIMAL CARE 10-025		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> AREA WIDE MANAGEMENT OF GLASSY-WINGED SHARPSHOOTER IN FRESNO COUNTY		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> COUNTY OF FRESNO		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 20 b. Project 20		
<b>13. PROPOSED PROJECT</b> Start Date: JULY 1, 2011 Ending Date: JUNE 30, 2012		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/24/11 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 250,000.00			
b. Applicant	\$ .00			
c. State	\$ .00			
d. Local	\$ .00			
e. Other	\$ .00			
f. Program Income	\$ .00			
g. TOTAL	\$ .00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name PHIL	Middle Name		
Last Name LARSON	Suffix			
b. Title CHAIRMAN OF THE BOARD OF SUPERVISORS	c. Telephone Number (give area code) (559)-600-3529			
d. Signature of Authorized Representative	e. Date Signed			

Previous Edition Usable  
Authorized for Local Reproduction

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

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 23, 2011	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> May 19, 2011	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 11-8523-0746-CA

<b>5. APPLICANT INFORMATION</b>	
Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Joanne
City: Sacramento	
County: Sacramento	Middle Name
State: California	Last Name Shimada
Zip Code 95814	Suffix:
Country: United States	Email: jshimada@cdfa.ca.gov

**RECEIVED**  
  
**MAY 24 2011**  
  
**STATE CLEARING HOUSE**

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0325104	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A - State Other (specify)	
<b>9. NAME OF FEDERAL AGENCY:</b> USDA/APHIS/PPQ		

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Cereal Leaf Beetle Survey 10-025	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cereal leaf beetle survey in California
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California	

<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2011 Ending Date: December 31, 2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 2 b. Project Cereal Leaf Beetle Survey
--	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 40,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/23/11
b. Applicant \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 107,709.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 147,709.00	

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

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5-11-10	Applicant Identifier R9 Tracking #: 11-192
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: South Coast Air Quality Management District	Organizational Unit: Department: Science & Technology Advancement
Organizational DUNS: 953099419	Division:
Address: Street: 21865 Copley Dr.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Mary
City: Diamond Bar, CA	Last Name Leonard
County: Los Angeles	Suffix:
State: CA	Email: mleonard@aqmd.gov
Zip Code 91765	Phone Number (give area code) 909-396-2780
Country: USA	Fax Number (give area code) 909-396-2765

**RECEIVED**  
 MAY 24 2011  
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
  -

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types)  Other (specify) Regional Agency
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
  -

TITLE (Name of Program):  
Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities

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: 07/01/2011    Ending Date: 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25-49    b. Project 25-49
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 220,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-24-11
b. Applicant \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 220,000.00	

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

a. 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 <i>Barry Wallerstein</i>	e. Date Signed 5/12/2011	

Previous Edition Usable  
Authorized for Local Reproduction

**APPROVED AS TO FORM**  
**KURT WIESE, GENERAL COUNSEL**

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

By: *[Signature]*  
Date: 5/11/11

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

\* 3. Date Received:

Completed by Grans.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

\_\_\_\_\_

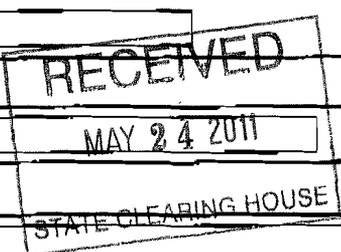
State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_



**8. APPLICANT INFORMATION:**

\* a. Legal Name:

South Coast Air Quality Management District

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

95-3099419

\* c. Organizational DUNS:

0259861590000

**d. Address:**

\* Street1:

21865 Copley Dr.

Street2:

\_\_\_\_\_

\* City:

Diamond Bar

County/Parish:

Los Angeles

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91765-4182

**e. Organizational Unit:**

Department Name:

Science&Technology Advancement

Division Name:

\_\_\_\_\_

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

Prefix:

\_\_\_\_\_

\* First Name:

Mary

Middle Name:

\_\_\_\_\_

\* Last Name:

Leonard

Suffix:

\_\_\_\_\_

Title:

Financial Analyst

Organizational Affiliation:

South Coast Air Quality Management District

\* Telephone Number:

909-396-2780

Fax Number:

909-396-2765

\* Email:

mleonard@aqmd.gov

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency

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

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

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

EPA-OAR-OAQPS-11-05

\* Title:

Community-Scale Air Toxics Ambient Monitoring

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Local-Scale Air Toxic Impacts of Multiple Mobile Source Categories on Surrounding Communities

Attach supporting documents as specified in agency instructions.

Add Attachment

Delete Attachment

View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 25-42

b. Program/Project 25-42

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project

\* a. Start Date: 04/01/2012

\* b. End Date: 03/31/2014

18. Estimated Funding (\$):

* a. Federal	443,796.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	443,796.00

\* 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 05/24/2011
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

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

Middle Name: R

\* Last Name: Wallerstein

Suffix: D. Env.

\* Title: Executive Officer

\* Telephone Number: 909-396-2100 Fax Number: [ ]

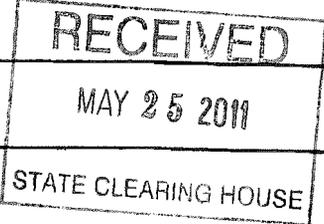
\* Email: bwallerstein@aqmd.gov

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

**Application for Federal Assistance SF-424**

Version 02

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



3. Date Received:	4. Applicant Identifier:
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

*a. Legal Name: SELF-HELP ENTERPRISES	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676	*c. Organizational DUNS: 056179906

**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-2011: HOUSING PRESERVATION GRANTS \_\_\_\_\_

\*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2011  
\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

HPG-application target areas 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

**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: 09/01/2011

\*b. End Date: 9/1/2012

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

*a. Federal	_____	150,000
*b. Applicant	_____	
*c. State	_____	250,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	400,000

**\*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 5/18/2011
- 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

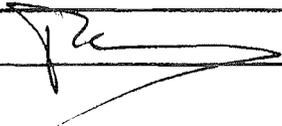
Suffix: \_\_\_\_\_

\*Title: PRESIDENT & CEO

\*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

\* Email: peterc@selfhelpenterprises.org

\*Signature of Authorized Representative: 

\*Date Signed: 5/18/2011



**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier G1198013
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier F-50-R-24

**5. APPLICANT INFORMATION**

Legal Name: State of California

Organizational Unit: CA Dept. of Fish and Game

Department: CA Dept. of Fish and Game

Organizational DUNS: 808322358

Division: Grants Management Branch

Address: 1831 Ninth Street

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

City: Sacramento

Middle Name:

County: Sacramento

Last Name: Marcellana

State: CA Zip Code: 95811

Suffix:

Country:

Email: pmarcellana@dfg.ca.gov

**RECEIVED**  
 MAY 26 2011  
 STATE CLEARING HOUSE

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
A. State  
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:**  
U.S. Department of Interior, Fish and Wildlife Service

Phone Number (give area code): (916) 445-4658  
Fax Number (give area code): (916) 327-6320

**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 Sportfish

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

**13. PROPOSED PROJECT**  
Start Date: 07/01/2011 Ending Date: 06/30/2012

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 3 b. Project 99

**15. ESTIMATED FUNDING:**

a. Federal	\$	3,873,053
b. Applicant	\$	
c. State	\$	1,291,017
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	5,164,070

**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: Blaine Middle Name:  
Last Name: Nickens Suffix:

**b. Title** Chief, Grants Management Branch

**c. Telephone Number (give area code)**

**d. Signature of Authorized Representative** *[Signature]*

**e. Date Signed:** May 25, 2011

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

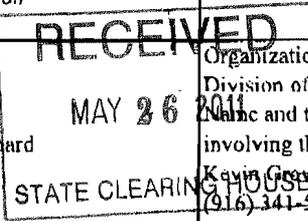
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 11, 2011	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE May 11, 2011	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1164-CA
<b>5. APPLICANT INFORMATION</b>			
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
Address: Street: 1220 N Street, Room 341		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Quane
County: Sacramento		Middle Name	
State: CA		Last Name Schnabel	
Zip Code 95814		Suffix:	
Country: USA		Email: dschnabel@cdfa.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 68-0325104		Phone Number (give area code) 916-654-0768	Fax Number (give area code) 916-653-2403
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters) <input type="checkbox"/> A <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc) State Of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Light Brown Apple Moth	
13. PROPOSED PROJECT Start Date: 10/01/2010 Ending Date: 9/30/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 5 b. Project District 11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 655,000.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <del>8/19/2010</del> 5/26/11	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 655,000.00	a. Authorized Representative	
		Prefix Ms	First Name Kathy
		Middle Name	
		Last Name Alameda	
		Suffix	
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-651-9888	
d. Signature of Authorized Representative <i>Kathy Alameda</i>		e. Date Signed 5/26/11	

**RECEIVED**  
 MAY 26 2011  
 STATE CLEARING HOUSE

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application                      Preapplication Construction                      Construction <input checked="" type="checkbox"/> Nonconstruction                      Nonconstruction		2. Date Submitted Applicant Identifier 11-023
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State State Application Identifier
6. Employer Identification Number (EIN): 68-0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal Federal Identifier LS 97952501
8. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Revision <input checked="" type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award                      B. Decrease Award C. Increase Duration                      D. Decrease Duration Other (specify)		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Kevin Groves (916) 341-5782
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund Corrective Action Program		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State                                      H. Independent School District B. County                                      I. State Institute of Higher Learning C. Municipal                                      J. Private University D. Township                                      K. Indian Tribe E. Interstate                                      L. Individual F. Intermunicipal                                      M. Profit Organization G. Special District                                      N. Other (specify)
12. Area Affected by Project: (cities, counties, states, etc.) State of California		9. Name of Federal Agency: U. S. Environmental Protection Agency
13. Proposed Project: Start Date                      End Date 7/1/2008                                      6/30/2012		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.
15. ESTIMATED FUNDING: a. Federal                                      \$4,500,000 b. Applicant                                      \$0 c. State                                      \$707,002 d. Local                                      \$0 e. Other                                      \$0 f. Program Income                                      \$0 g. TOTAL                                      \$5,207,002		14. Congressional District of: Applicant:                                      Project: 3                                      California - All
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRIAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 26, 2011 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.
a. Typed Name of Authorized Representative Thomas Howard		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO
d. Signature of Authorized Representative		b. Title: Executive Director
c. Telephone Number (916) 341-5615		e. Date Signed: May 31, 2011

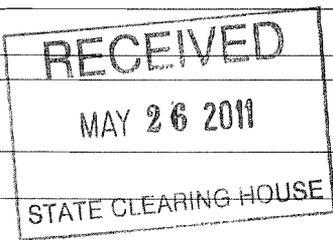


**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 4, 2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 94-6000547
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Tuolumne County	Organizational Unit: Department: Tuolumne County Library
Organizational DUNS: 078768967	Division:
Address: Street: 2 South Green Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Ms First Name: Maureen
City: Sonora	Middle Name
County: Tuolumne	Last Name: Frank
State: CA Zip Code: 95370	Suffix:
Country: USA	Email: mfrank@co.tuolumne.ca.us



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000547

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

B

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:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-766

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Upgrade of Library Community Meeting Room

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
All of Tuolumne County

13. PROPOSED PROJECT

Start Date: July 1, 2011 Ending Date: January 1, 2012

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

15. ESTIMATED FUNDING:

a. Federal	\$ 50,000.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ 12,506.00
f. Program Income	\$ .00
g. TOTAL	\$ 62,506.00

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: Craig	Middle Name: L.
Last Name: Pedro		Suffix:
b. Title: County Administrator		c. Telephone Number (give area code): 209-533-5511
d. Signature of Authorized Representative:		e. Date Signed: May 4, 2011

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: STATE CLEARING HOUSE	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: San Mateo County Resource Conservation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036491	*c. Organizational DUNS: 137544362	
<b>d. Address:</b>		
*Street1: 625 Miramonte St, Ste. 103		
Street 2:		
*City: Half Moon Bay		
County:		
*State: CA		
Province:		
Country: United States		*Zip/ Postal Code: 94019
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	First Name: Kellyx	
Middle Name:		
*Last Name: Nelson		
Suffix:		
Title: Executive Director		
Organizational Affiliation:		
*Telephone Number: (650) 712-7765		Fax Number:
*Email: Kellyx@sanmateorcd.org		

RECEIVED

MAY 27 2011

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One - Special District 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: U.S. Department of Agriculture
11. Catalog of Federal Domestic Assistance Number: 10.912 CFDA Title: Conservation Innovation Grants, USDA-NRCS-CA-11-01
*12. Funding Opportunity Number: USDA-NRCS-CA-11-01 *Title: Conservation Innovation Grants
13. Competition Identification Number: Title:
14. Areas Affected by Project (Cities, Counties, States, etc.): Coastal San Mateo County, CA
*15. Descriptive Title of Applicant's Project: Biochar Field Trials in San Mateo County, CA
<b>Attach supporting documents as specified in agency instructions.</b>

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-014

\*b. Program/Project: CA-014

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

17. Proposed Project:

\*a. Start Date: 01/01/12

\*b. End Date: 01/01/15

18. Estimated Funding (\$): 112,820.00

\*a. Federal 75,000

\*b. Applicant 5,000

\*c. State 13,910

\*d. Local

\*e. Other 10,910

\*f. Program Income

\*g. TOTAL 112,820

\$0.00

\*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 5/27/11 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: Kellyx

Middle Name:

\*Last Name: Nelson

Suffix:

\*Title: Executive Director

\*Telephone Number: (650) 712-7705

Fax Number:

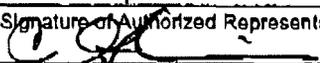
\*Email: kellyx@sanmateorcd.org

\*Signature of Authorized Representative: Kellyx

Date Signed: 5/27/2011



# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 24, 2011	Applicant Identifier FY 2011 49 U.S.C 5304 SPRP
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier 94-6001344-C
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
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		<div style="border: 2px solid black; padding: 5px; display: inline-block;">                     RECEIVED                      MAY 27 2011                 </div>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 6001347		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	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State H. Independent School Dist. <input checked="" type="checkbox"/> A B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
		<b>9. NAME OF FEDERAL AGENCY:</b> DOT, Federal Transit Administration, Region IX	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: State Planning and Research Program 20 - 515		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> FY 2011/12 FTA 49 U.S.C 5304 Statewide Planning and Research Program - \$2,904,672	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California			
<b>13. PROPOSED PROJECT</b> FY 2011 OWP Program		<b>14. CONGRESSIONAL DISTRICTS OF:</b> California Statewide	
Start Date 7/1/11	Ending Date 6/30/12	a. Applicant Statewide	b. Project Statewide Transit Planning
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 2,904,672.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/26/11 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ 376,331.00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 3,281,003.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative 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 25, 2011	

# APPLICATION FOR FEDERAL ASSISTANCE

		<b>2. DATE SUBMITTED</b> May 24, 2011	Applicant Identifier FY2011 FHWA PL, SPR special studies
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier 94-6001344-C
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
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	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 6001347		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20 - 205 TITLE: MPO Highway Planning		<b>9. NAME OF FEDERAL AGENCY:</b> DOT, Federal Highway Administration, CA Division	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> FY 2011/12 Federal Planning Funds \$47,026,085 in FHWA PL Funds (Estimate) FY 2011/12 FHWA State Planning and Research Studies \$1,200,000 in Partnership Planning Grant Program	
<b>13. PROPOSED PROJECT</b> FY 2011 OWP Program		<b>14. CONGRESSIONAL DISTRICTS OF:</b> California Statewide	
Start Date 7/1/11	Ending Date 6/30/12	a. Applicant Statewide	b. Project Statewide Metropolitan Planning
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 48,226,085 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/26/11	
b. Applicant	\$ <sup>00</sup>	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 6,248,200 <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 54,474,285 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative 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 25, 2011	

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:**

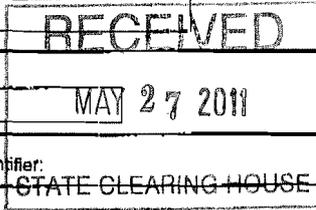
- New
- Continuation
- Revision

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

[Empty field]

**\* Other (Specify)**

[Empty field]



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

[Empty field]

**5a. Federal Entity Identifier:**

[Empty field]

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

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

[Empty field]

**7. State Application Identifier:**

[Empty field]

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Marine BioEnergy, Inc.

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

90-0655774

**\* c. Organizational DUNS:**

967157020

**d. Address:**

**\* Street1:**

4408 Union Avenue

**Street2:**

[Empty field]

**\* City:**

La Cañada

**County:**

Los Angeles

**\* State:**

CA: California

**Province:**

[Empty field]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

91011

**e. Organizational Unit:**

**Department Name:**

[Empty field]

**Division Name:**

[Empty field]

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

**Prefix:**

Mrs.

**\* First Name:**

Cindy

**Middle Name:**

[Empty field]

**\* Last Name:**

Wilcox

**Suffix:**

[Empty field]

**Title:**

President

**Organizational Affiliation:**

[Empty field]

**\* Telephone Number:**

818 952 6010

**Fax Number:**

[Empty field]

**\* Email:**

cindy.wilcox@charter.net

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

**Application for Federal Assistance SF-424**

Version 02

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

R: Small Business

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

H: Public/State Controlled Institution of Higher Education

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

S: Hispanic-serving Institution

**\* 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-0000510

**\* Title:**

FOA: Biomass Research and Development Initiative

**13. Competition Identification Number:**

**Title:**

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

Los Angeles, CA

Reno, NV

Once commercial, cost-effective biofuels will be available nationwide.

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

Growing and Processing Abundant Quantities of Kelp for Biobased Fuels and Products

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	4,112,677.00
* b. Applicant	1,201,064.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,313,741.00

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

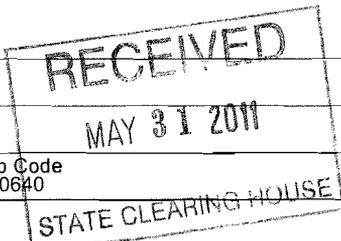
\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier CA-90-Y900
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>Legal Name:</b> CITY OF MONTEBELLO, MONTEBELLO BUS LINES		<b>Organizational Unit:</b> Department: TRANSPORTATION	
<b>Organizational DUNS:</b> 174479642		Division:	
<b>Address:</b> Street: 400 SOUTH TAYLOR AVENUE		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: MONTEBELLO		Prefix: MS.	First Name: ALVA
County: LOS ANGELES		Middle Name	
State: CA	Zip Code 90640	Last Name CARRASCO	
Country: USA		Suffix:	
Email: ACARRASCO@CITYOFMONTEBELLO.COM		Phone Number (give area code) 323-887-4658	
Fax Number (give area code) 323-887-4643		Other (specify)	



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 6 0 0 0 7 4 6		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) (C) MUNICIPAL	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 2 0 - 5 0 0		<b>9. NAME OF FEDERAL AGENCY:</b> FEDERAL TRANSIT ADMINISTRATION	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> CITY OF MONTEBELLO, LOS ANGELES COUNTY		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> SAFETEA-LU SECTION 5307 FY2008 AND FY2009 FOR ASSOCIATED CAPITAL ITEMS, BUS REBURBISHMENT, AND SUPPORT EQUIPMENT	

<b>13. PROPOSED PROJECT</b> Start Date: 07/01/2011 Ending Date: 12/31/2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 38	
<b>15. ESTIMATED FUNDING:</b>		b. Project	
a. Federal	\$ 2,691,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
b. Applicant	\$ .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
c. State	\$ .00	DATE: 05/26/2011	
d. Local	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g. TOTAL	\$ 2,691,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

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

a. Authorized Representative

Prefix MS	First Name AURORA	Middle Name
Last Name JACKSON		Suffix
b. Title DIRECTOR OF TRANSPORTATION		c. Telephone Number (give area code) 323-887-4606
d. Signature of Authorized Representative 		e. Date Signed 05/26/2011

**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: Ag Innovations Network

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
680462304

\*c. Organizational DUNS:  
065014776

**d. Address:**

\*Street 1: 101 Morris Street, Suite 212  
Street 2: \_\_\_\_\_  
\*City: Sebastopol  
County: Sonoma  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code 95472

**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: Jessica  
Middle Name: R.  
\*Last Name: Siegal  
Suffix: \_\_\_\_\_

Title: Program Director, Stewardship Index for Specialty Crops

Organizational Affiliation:

\*Telephone Number: 707.331.1810

Fax Number: 707.823.6113

\*Email: jessica@stewardshipindex.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:**

**Natural Resources Conservation Service, Commodity Credit Corporation**

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

10.912 \_\_\_\_\_

CFDA Title:

Environmental Quality Incentives Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

Number USDA-NRCS-CA-11-01 \_\_\_\_\_

\*Title:

Conservation Innovation Grants \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

California

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

Stewardship Index for Specialty Crops- a multi-stakeholder initiative to develop a system for measuring stewardship performance throughout the specialty crop supply chain.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: California- 6th

\*b. Program/Project: California- all

**17. Proposed Project:**

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

\*b. End Date: 4/30/13

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

*a. Federal	_____	\$74,500
*b. Applicant	_____	\$120,933
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$195,433

**\*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 05/27/11
- 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: Dan

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

\*Last Name:      Schurmann

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

\*Title: CEO

\*Telephone Number: 707.823.6111

Fax Number: 707.823.6113

\* Email: dan@aginnovations.org

\*Signature of Authorized Representative: Dan Schurmann

\*Date Signed: 05/27/11

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

Version 02

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

Preapplication

Application

Changed/Corrected Application

\* 2. Type of Application:

New

Continuation

Revision

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

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_



\* 3. Date Received:

05/31/2011

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: Rhombus Power Inc.

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

900716854

\* c. Organizational DUNS:

968003587

**d. Address:**

\* Street1: 1555 W. Middlefield Road

Street2: Suite 116

\* City: Mountain View

County: \_\_\_\_\_

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 94043

**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: Anshuman

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

\* Last Name: Roy

Suffix: Ph.D.

Title: President & CEO

Organizational Affiliation: Rhombus Power Inc.

\* Telephone Number: 650-339-0740 Fax Number: \_\_\_\_\_

\* Email: anshuman@rhombuspower.com

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

Version 02

**Application for Federal Assistance SF-424**

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

R: 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:**

B1.087

**CFDA Title:**

Renewable Energy Research and Development

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

DE-FOA-0000510

**\* Title:**

FOA: Biomass Research and Development Initiative

**13. Competition Identification Number:**

**Title:**

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

1. Spearfish in Lawrence county, South Dakota
2. Mountain View in Santa Clara county
3. Ann Arbor in Washtenaw county, Michigan

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

Hydroxymethylfurfural and other high value bioproducts from woody biomass in the Black Hills

Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-014	* b. Program/Project MI-015
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text" value="Additional-congressional-dis"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	01/01/2012	* b. End Date: 12/31/2014
<b>18. Estimated Funding (\$):</b>		
* a. Federal	5,000,000.00	
* b. Applicant	1,250,000.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	6,250,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05/31/2011"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name: Anshuman
Middle Name:		
* Last Name:	Roy	
Suffix:	Ph.D	
* Title:	President & CEO	
* Telephone Number:	650-339-0749	Fax Number:
* Email:	anshuman@rhombuspower.com	
* Signature of Authorized Representative:	Anshuman Roy	* Date Signed: 05/31/2011

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

Version 02

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

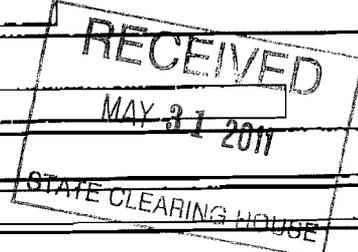
\_\_\_\_\_

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:

Rhombus Power Inc.

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

900716854

\* c. Organizational DUNS:

968003587

d. Address:

\* Street1:

1555 W. Middlefield Road

Street2:

Suite 116

\* City:

Mountain View

County:

\_\_\_\_\_

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94043

a. 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:

Anshuman

Middle Name:

\_\_\_\_\_

\* Last Name:

Roy

Suffix:

Ph.D

Title:

President & CEO

Organizational Affiliation:

Rhombus Power Inc.

\* Telephone Number:

650-339-0748

Fax Number:

\_\_\_\_\_

\* Email:

anshuman@rhombuspower.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:**

R: 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:**

R1.087

**CFDA Title:**

Renewable Energy Research and Development

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

DE-FOA-0000510

**\* Title:**

FOA: Biomass Research and Development Initiative

**13. Competition Identification Number:**

**Title:**

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

1. Spearfish in Lawrence county, South Dakota
2. Mountain View in Santa Clara county & Emeryville in Alameda county in California

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

"Drop-in" diesel from woody biomass in the Black Hills

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-014

\* b. Program/Project CA-009

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

Additional-congressional-dis

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 01/01/2012

\* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal	5,000,000.00
* b. Applicant	1,250,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,250,000.00

\* 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

05/31/2011

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: Anshuman

Middle Name:

\* Last Name: Roy

Suffix: Ph.D

\* Title: President & CEO

\* Telephone Number: 650-339-0748

Fax Number:

\* Email: anshuman@rhombuspower.com

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

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