

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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B. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247	* c. Organizational DUNS: 0425149850000
------------------------------------------------------------------------------	---------------------------------------------------

d. Address:

* Street1: 1600 Holloway Ave ADM. 471	RECEIVED NOV 01 2006 STATE CLEARING HOUSE
Street2: _____	
* City: San Francisco	
County: _____	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 94132	

e. Organizational Unit:

Department Name: ORSP	Division Name: Romberg Tiburon Center
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.	* First Name: Edward
Middle Name: _____	
* Last Name: Carpenter	
Suffix: _____	

Title: CA salt marsh restoration: Spartina foliosa

Organizational Affiliation: _____

* Telephone Number: 415-435-7141	Fax Number: 415-435-7147
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* Email: ecarpent@sfsu.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2007-2000788

*** Title:**

National Estuarine Research Reserve Graduate Research Fellowship Program FY07

13. Competition Identification Number:

2050001

Title:

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

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

This will be a study of how to enhance the restoration of Bay Area wetlands.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-12

* b. Program/Project CA-12

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

17. Proposed Project:

* a. Start Date: 06/01/2007

* b. End Date: 12/31/2008

18. Estimated Funding (\$):

* a. Federal	20,000.00
* b. Applicant	8,572.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	28,572.00

* 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 11/01/2006.
- 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: Kenneth
Middle Name:
* Last Name: Paap
Suffix:

* Title: Associate Vice President

* Telephone Number: 415-338-7091 Fax Number: 415-338-0531

* Email: kenp@sfsu.edu

* Signature of Authorized Representative:  * Date Signed:

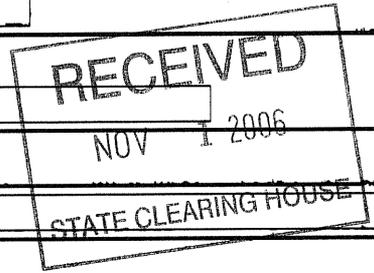
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
------------------------------------------------------------------------	------------------------------------------

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



State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 83-1137247	* c. Organizational DUNS: 842514985
------------------------------------------------------------------------------	-----------------------------------------------

d. Address:	
* Street1:	1600 Holloway Ave, ADM469
Street2:	_____
* City:	San Francisco
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94132

e. Organizational Unit:	
Department Name: ORSP	Division Name: _____

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

Prefix: Dr.	* First Name: Sarah
Middle Name:	_____
* Last Name: Cohen	_____
Suffix:	_____
Title:	_____
Organizational Affiliation: _____	
* Telephone Number: 415-338-3750	Fax Number: _____
* Email: sarahcoh@sfsu.edu	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2007-2000788

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY07

13. Competition Identification Number:

2050001

Title:

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

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

Genetic analysis of reproductive mechanisms by eelgrass populations in the San Francisco Bay and implications for bed restoration.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-012

* b. Program/Project CA-012

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

17. Proposed Project:

* a. Start Date: 05/01/2007

* b. End Date: 06/30/2008

18. Estimated Funding (\$):

* a. Federal	20,000.00
* b. Applicant	5,179.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	25,179.00

* 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 11/01/2006
- 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: Dr. * First Name: Kenneth
Middle Name:
* Last Name: Paap
Suffix:
* Title: Associate Vice President
* Telephone Number: 415-338-7091 Fax Number: 415-338-0531
* Email: kenp@fsu.edu

* Signature of Authorized Representative: * Date Signed:

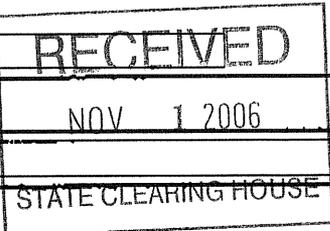
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:	6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247	* c. Organizational DUNS: 942514985
-----------------------------------------------------------------------	----------------------------------------

d. Address:
* Street1: 1600 Holloway Avenue
Street2: _____
* City: San Francisco
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94132

e. Organizational Unit:	
Department Name: San Francisco State University	Division Name: _____

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Dr.	* First Name: Katharyn
Middle Name: _____	
* Last Name: Boyer	
Suffix: _____	
Title: _____	

Organizational Affiliation: _____

* Telephone Number: (415) 338-3751	Fax Number: _____
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* Email: katboyer@sfsu.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2007-2000788

*** Title:**

National Estuarine Research Reserve Graduate Research Fellowship Program FY07

13. Competition Identification Number:

2050001

Title:

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

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

This project will examine the role of nutrient pollution on salt marsh plant response across a salinity gradient in the field and greenhouse studies.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-12

* b. Program/Project CA-12

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

17. Proposed Project:

* a. Start Date: 06/01/2007

* b. End Date: 05/31/2009

18. Estimated Funding (\$):

* a. Federal	20,000.00
* b. Applicant	11,527.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	31,527.00

* 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 11/01/2006
- 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 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: Dr. * First Name: Ken
Middle Name:
* Last Name: Paap
Suffix:

* Title: Associate Vice President, Office of Research

* Telephone Number: (415) 338-7091 Fax Number:

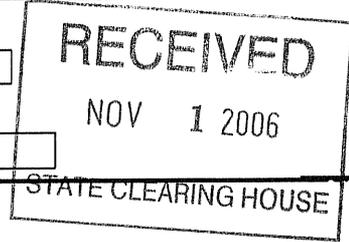
* Email: kenp@sfsu.edu

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247	* c. Organizational DUNS: 942514985

d. Address:

* Street1:	1600 Holloway Ave ADM.471
Street2:	_____
* City:	San Francisco
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94132

e. Organizational Unit:

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

Prefix: Dr.	* First Name: Katharyn
Middle Name: _____	
* Last Name: Boyer	
Suffix: _____	
Title: _____	

Organizational Affiliation:

* Telephone Number: (415) 338-3751	Fax Number: _____
-------------------------------------------	--------------------------

* Email: katboyer@sfsu.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2007-2000788

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY07

13. Competition Identification Number:

2050001

Title:

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

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

This study will examine the distribution and abundance of epifauna on eelgrass in San Francisco Bay.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="11,496.00"/>
* 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="31,496.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

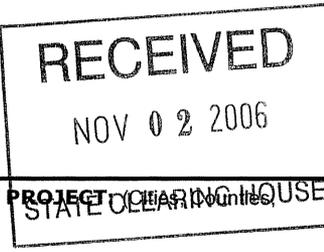
* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/30/06	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Loretta Scott		Organizational Unit: Funding for Academic Tutoring	
Address (give city, county, State, and zip code): 28547 Bradley Rd, Sun City, Riverside, CA 92586		Name and phone number of person to be contacted on matters involving this application (give area code): 951-679-6627	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 56 - 4392563		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> L A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University. K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: California Grants Coordination State Clearinghouse Office of Planning and Research	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hello, my name is Loretta Scott and I am a minority woman who want to start a tutoring business. I want to help numerous young students acquire what they need to learn in the field of math. I have always had the desire to help others better their chances in life, and also help them realize what their potentials are. Right now, I have very low-income and I would hope that anyone in this Agency would help out with whatever funds is available. The equipments that are needed are notebooks, pens, pencils, calculators, card processor, computer microphone, and math accessories. Please consider me for at least the minimum amount being offered. Thank you for the opportunity to apply for your Grant, and I look forward to hearing from you. -Loretta Scott 28547 Bradley Rd, Sun City, CA 92586.	
12. AREAS AFFECTED BY PROJECT (List Counties, States, etc.) Sun City, CA		13. PROPOSED PROJECT: Start Date 10/30/06 Ending Date To future	
		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Loretta Scott b. Project Funds for Student Tutoring	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	<input type="checkbox"/> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 5,000	<input checked="" type="checkbox"/> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 5,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Loretta Scott		b. Title Ms.	c. Telephone Number 951-679-6627
d. Signature of Authorized Representative <i>Loretta Scott</i>		e. Date Signed 10/30/06	

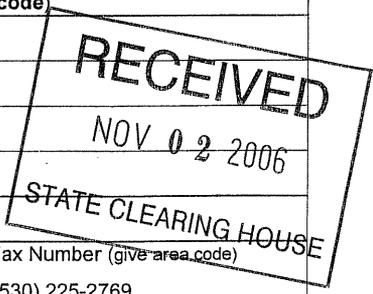


APPLICATION FOR FEDERAL ASSISTANCE

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 11-13-06	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Superior California Economic Development District	Organizational Unit: Department:
Organizational DUNS: 064822778	Division:
Address: Street: 2400 Washington Avenue, Suite 301	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robert Middle Name
City: Redding	Last Name: Nash
County: Shasta	Suffix:
State: California Zip Code: 96001	Email: bnash@scedd.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0343051	Phone Number (give area code): (530) 225-2762	Fax Number (give area code): (530) 225-2769
---------------------------------------------------------------	-----------------------------------------------	---------------------------------------------

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)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-303	9. NAME OF FEDERAL AGENCY: Economic Development Administration
---------------------------------------------------------------------	--------------------------------------------------------------------------

TITLE (Name of Program): Economic Development Support for Planning Organizations	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment in the District.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Modoc, Shasta, Siskiyou and Trinity Counties in California

13. PROPOSED PROJECT Start Date: 1-1-07 Ending Date: 12-31-07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Herger b. Project: Herger, Doolittle
-------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>60.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>40.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>100.00</td></tr> </table>	a. Federal	\$	60.00	b. Applicant	\$	40.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	100.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10-31-06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	60.00																				
b. Applicant	\$	40.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	100.00																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

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

a. Authorized Representative		
Prefix: Mr. First Name: William	Middle Name: L.	
Last Name: Hinman	Suffix:	
b. Title: President	c. Telephone Number (give area code): (530) 225-2760	
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

Applicant Identifier

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 094878394

* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects

* Street1: University of California, Santa Barbara

Street2:

* City: Santa Barbara

County: Santa Barbara

* State: CA: California

Province:

* Country: UNITED STATES

* ZIP / Postal Code: 93106-2050



Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Cara Middle Name: Last Name: Egan-Williams Suffix:
 * Phone Number: 805-893-8809 Fax Number: 805-893-2611 Email: eganwilliams@research.ucsb.edu

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

95-8006145W

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New

- Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

- Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

- A. Increase Award B. Decrease Award C. Increase Duration

- D. Decrease Duration E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Dusel R&D: Multiplicity Meter for Benchmarking Cosmogenic Neutron Backgrounds for Underground Experiments

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

United States of America

13. PROPOSED PROJECT:

* Start Date: 04/01/2007 * Ending Date: 03/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: 23 b. * Project: 23

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Harry Middle Name: Last Name: Nelson Suffix:
 Position/Title: Professor * Organization Name: The Regents of the University of California
 Department: Physics Division: College of Letters & Science
 * Street1: University of California, Santa Barbara Street2:
 * City: Santa Barbara County: Santa Barbara * State: CA: California
 Province: * Country: UNITED STATES * ZIP / Postal Code: 93106-9350
 * Phone Number: 805-893-8612 Fax Number: 805-893-8597 * Email: hnn@hep.ucsb.edu

SF 424 (R&R) APPLIC/

N FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	520,018.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	520,018.00		DATE: 11/08/2007
c. * Estimated Program Income		b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

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

Ms. Cara Egan-Williams

* Position/Title: Sponsored Projects Officer * Organization: The Regents of the University of California

Department: Office of Research Division: Sponsored Projects

* Street1: University of California, Santa Barbara Street2:

* City: Santa Barbara County: Santa Barbara * State: CA: Califon

Province: * Country: UNITED ST * ZIP / Postal Code: 93106-2050

* Phone Number: 805-893-8809 Fax Number: 805-893-2611 * Email: eganwilliams@research.ucsb.edu

* Signature of Authorized Representative * Date Signed

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	\$443,098.00	b. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$443,098.00	DATE:	11/14/2006
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p><input checked="" type="radio"/> * I agree</p> <p><small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
	Cara		Egan-Williams
* Position/Title: Sponsored Projects Officer	* Organization Name: The Regents of the University of California		
Department: Office of Research	Division:		
* Street1: University of California	Street2: 3227 Cheadle Hall		
* City: Santa Barbara	County:	* State: CA	* ZIP Code: 93106-2050
* Country: USA			
* Phone Number: 805-893-8809	Fax Number: 805-893-2611	* Email: eganwilliams@research.ucsb.edu	
* Signature of Authorized Representative		* Date Signed	
Cara Egan-Williams		11/08/2006	
20. Pre-application File Name: Mime Type:			

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		2. DATE SUBMITTED	Applicant Identifier 20070604
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. Federal Identifier	
5. APPLICANT INFORMATION * Legal Name: The Regents of the University of CA Department: Center for Polymers & Org. Sol * Street1: Mail code 5090 * City: Santa Barbara * Country: USA		* Organizational DUNS:094678394 Division: Letters & Science Street2: University of CA County: Santa Barbara * State: CA * ZIP Code: 93106	
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Alan J. Heeger * Phone Number: 805 893 3184 Fax Number: 805 893 4755 Email: ajhe@physics.ucsb.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 1956006145A1		7. * TYPE OF APPLICANT F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Functional Interfaces In Polymer-based Bulk Heterojunction Solar Cells; Establishment of a Cluster for Interdisciplinary Research and Training			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Santa Barbara city and county, CA			
13. PROPOSED PROJECT: * Start Date 07/01/2007 * Ending Date 06/30/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant CA-23 b. * Project CA-23	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Alan J. Heeger Position/Title: Professor * Organization Name: The Regents of the University of CA Department: Dept. of Physics Division: Letters & Science * Street1: Mail code 9530 Street2: University of CA * City: Santa Barbara County: Santa Barbara * State: CA * ZIP Code: 93106 * Country: USA * Phone Number: 805 893-3184 Fax Number: 805 893-4755 * Email: ajhe@physics.ucsb.edu			

RECEIVED

NOV 09 2006

STATE CLEARING HOUSE

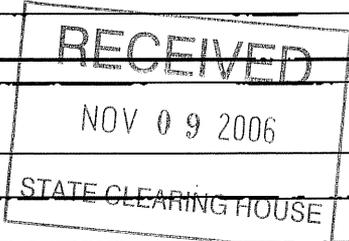
SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	\$1,800,000.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$1,800,000.00	DATE:	11/09/2006
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p><input checked="" type="radio"/> * I agree</p> <p><small>* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
Ms.	Cara		Egan-Williams
* Position/Title: Sponsored Projects Officer	* Organization Name: The Regents of the University of CA		
Department: Office of Research	Division: Chaadle Hall 3227		
* Street1: Mail code 2050	Street2: University of CA		
* City: Santa Barbara	County: Santa Barbara	* State: CA	* ZIP Code: 93106
* Country: USA			
* Phone Number: 805 893 8809	Fax Number: 805 893 2611	* Email: eganwilliams@research.ucsb.edu	
* Signature of Authorized Representative		* Date Signed	
Cara Egan-Williams		11/09/2006	
20. Pre-application File Name: Mime Type:			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Santa Clarita Community College District		Organizational Unit: Department:	
Organizational DUNS: 037559127		Division: Economic Development	
Address: Street: 26456 Rockwell Canyon Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Santa Clarita		Prefix: Dr. First Name: Dena	
County: Los Angeles		Middle Name	
State: CA Zip Code 91355		Last Name Maloney	
Country: United States of America		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2561360		Email: dena.maloney@canyons.edu	
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.)		Phone Number (give area code) 661-362-3305	
Other (specify)		Fax Number (give area code) 661-362-3461	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 11-300		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> State Controlled Institution of Higher Learning Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities: Santa Clarita, L. A., Burbank, San Fernando, Lancaster, Palmdale		9. NAME OF FEDERAL AGENCY: Department of Commerce/Economic Development Administration	
13. PROPOSED PROJECT Start Date: July 1, 2007 Ending Date: June 30, 2008		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emerging Technologies Program	
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:	
a. Federal	\$ 1,375,918.00	a. Applicant	25th
b. Applicant	\$ 1,375,918.00	b. Project	25th
c. State	\$.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
d. Local	\$.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 14, 2006	
e. Other	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
f. Program Income	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$ 2,751,836.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Dr.	First Name Dianne	Middle Name G.	
Last Name Van Hook		Suffix	
b. Title Superintendent-President		c. Telephone Number (give area code) 661-362-3400	
d. Signature of Authorized Representative		e. Date Signed 14 July 2006	



NOTICE TO THE GOVERNOR'S OFFICE OF PLANNING AND RESEARCH (OPR) OF APPLICATION FOR FEDERAL FUNDING FROM THE OFFICE OF ECONOMIC ADJUSTMENT

1. APPLICANT INFORMATION:		RECEIVED	
Legal Name: City of Riverbank		RECEIVED	
Organizational Unit		NOV 1 2006	
Department: Housing & Economic Development		NOV 02 2006	
Division:		STATE CLEARING HOUSE	
Address		Applicant contact information	
Street: 6707 Third Street		Name: Tim Ogden	
City: Riverbank		Title: Economic Development Manager	
County: Stanislaus		Email: togden@riverbank.org	
State: CA		Phone number: 209-863-7157	
Zip: 95367		Fax Number: 209-869-7044	
2. TYPE OF APPLICANT:			
<input type="checkbox"/> State <input type="checkbox"/> Interstate <input type="checkbox"/> Profit Organization <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Regional <input type="checkbox"/> Indian Tribe <input checked="" type="checkbox"/> Other (Specify): <u>City</u>			
3. TYPE OF APPLICATION (Check all that apply):			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction			
4. NAME OF FEDERAL FUNDING AGENCY: Office of Economic Adjustment (OEA)			
5. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			
6. NAME OF PROGRAM: Riverbank Army Ammunitions Plant			
7. DESCRIPTION OF APPLICANT'S PROJECT (Attach additional pages if necessary):			
<p>The BRAC list requires the Riverbank Army Ammunitions Plant to close by 2011. The funding from OEA will facilitate the reuse plan and associated staff and consultant costs for transfer of the property to the City of Riverbank, CA.</p> <p style="text-align: center;">PROJECT LOCATION AND AREAS AFFECTED (Cities, Counties, States, etc.):</p> <p>5300 Claus Road, Riverbank, CA</p>			
8. PROPOSED PROJECT START DATE:		10. ESTIMATED FUNDING:	
March 1, 2006		a. Federal \$ 307,000.00	
		b. Applicant \$ 37,926.00	
		c. State \$.00	
		d. Local \$.00	
		e. Other \$.00	
		g. TOTAL \$ 344,926.00	
9. PROPOSED PROJECT END DATE:			
October 31, 2007			
TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION IN THIS NOTICE IS TRUE AND CORRECT			
AUTHORIZED REPRESENTATIVE PRINTED NAME:			
Tim Ogden			
AUTHORIZED REPRESENTATIVE SIGNATURE:			DATE SIGNED:
			11/2/06
DATE RECEIVED BY OEA:		DATE RECEIVED BY OPR:	

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION		RECEIVED NOV 13 2006 STATE CLEARING HOUSE	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			
4. Federal Identifier		5. APPLICANT INFORMATION	
		* Organizational DUNS: 1136450840000	
* Legal Name: The Regents of the University of California		* State: CA * ZIP Code: 95343	
Department: N/A Division: School of Natural Sciences		* City: Merced * Country: USA	
* Street1: 5200 North Lake Road * Street2:		* County:	
* Phone Number: 2097244218		* Fax Number:	
* First Name: Thea		* Last Name: Vicari	
* Middle Name:		* Suffix:	
* Email: tvicari@ucmerced.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
27-0093658		F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New		Other (Specify):	
<input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Small Business Organization Type <input type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es):		8. * NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		Chicago Service Center	
* Is this application being submitted to other agencies? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
What other Agencies?		81.049	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		TITLE: Office of Science Financial Assistance Program	
Spectroscopy and dynamics of organic dyes on noble metal nanoparticles.			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
United States			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
* Start Date: 05/01/2006 * Ending Date: 04/30/2009		a. * Applicant: 18th b. * Project: 18th	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Dr. * First Name: David		* Last Name: Kelley	
Middle Name: F		* Suffix:	
Position/Title: Professor		* Organization Name: The Regents of the University of California	
Department: N/A		Division: School of Natural Sciences	
* Street1: 5200 North Lake Road		* State: CA * ZIP Code: 95343	
* City: Merced * Country: USA		* Phone Number: 209 724 4354	
* Fax Number:		* Email: dfkelley@ucmerced.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	411,219.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	411,219.00	DATE:	11/13/2006
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
			PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

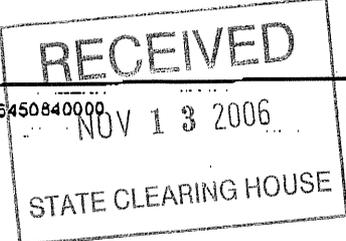
* I agree

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

19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name:
	Samuel	J.	Traina
* Position/Title:	Vice Chancellor for Research	* Organization:	The Regents of the University of California
Department:	N/A	Division:	Office of Research
* Street1:	5200 North Lake Road	Street2:	
* City:	Merced	County:	
* State:	CA	* ZIP Code:	95343
* Country:	USA		
* Phone Number:	2097244311	Fax Number:	
		* Email:	straina@ucmerced.edu
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	

20. Pre-application **Add Attachment**

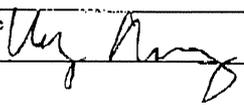
**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier		4. Federal Identifier	
5. APPLICANT INFORMATION		* Organizational DUNS: 1136450840000 	
* Legal Name: University of California, Merced	Department: N/A	Division: School of Natural Sciences	
* Street1: 5200 North Lake Road	Street2:	* State: CA	* ZIP Code: 95343
* City: Merced	County: Merced		
* Country: USA			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: Last Name: Suffix: Ms. Thea Vicari * Phone Number: 209-724-4318 Fax Number: Email: vicari@ucmerced.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
270093868		F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION:		Other (Specify):	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY:	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		Chicago Service Center	
		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
		81.049	
		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Raman and hyper-Raman spectroscopy of conjugated organic polymer solar cells			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
* Start Date	* Ending Date	a. * Applicant	b. * Project
05/01/2007	04/30/2010	CA-01B	CA-all
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: Middle Name: Last Name: Suffix:	Dr. Anne Myers Kelley		
Position/Title: Professor	* Organization Name: University of California, Merced		
Department: Chemical Sciences	Division: School of Natural Sciences		
* Street1: 5200 North Lake Road	Street2:	* State: CA	* ZIP Code: 95343
* City: Merced	County: Merced		
* Country: USA			
* Phone Number: 209-724-4345	Fax Number: 209-724-4355	* Email: amkelley@ucmerced.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

18. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	900,231.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds	900,231.00	DATE: 11/13/2008	
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372, OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<p>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p><input checked="" type="checkbox"/> * I agree</p> <p><i>* 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.</i></p>			
19. Authorized Representative			
Prefix:	* First Name:	Middle Name:	* Last Name: Suffix:
	Samuel	J.	Traina
* Position/Title:	Vice Chancellor for Research	* Organization:	University of California, Merced
Department:	N/A	Division:	Office of Research
* Street1:	5200 North Lake Road	Street2:	
* City:	Merced	County:	Merced
* Country:	USA	* State:	CA
* Phone Number:	2097244311	* ZIP Code:	95343
	Fax Number:	* Email:	straina@ucmerced.edu
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
20. Pre-application		Add Attachment	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED October 23, 2006	Applicant Identifier				
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier				
Legal Name: ASIAN PACIFIC ENVIRONMENTAL NETWORK			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier				
Organizational DUNS: 867938516			<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">NOV 13 2006</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>					
Address:						Organizational Unit:	Department:	
Street:						Division:		
310 8 TH STREET, SUITE 300						Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: OAKLAND						Prefix: MR.	First Name: ROGER	
Country: ALAMEDA						Middle Name:		
State: CA						Last Name: KIM		
Zip Code: 94607						Suffix:		
Country: USA						Email: roger@apen4ej.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3261846						Phone Number (give area code) 510-834-8920 x309	Fax Number (give area code) 510-834-8926	
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)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) <u>O. Not for Profit Organization</u>					
9. NAME OF FEDERAL AGENCY: US EPA								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-604			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The purpose of the Richmond Environmental Justice Community Leadership Project is to build the leadership and capacity of Richmond's Lactian refugee community to address the immediate and long term environmental justice and public health hazards and risks posed by urban development and land use decisions, and to work with partner organizations in making their efforts more effective and impactful.					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Richmond								
13. PROPOSED PROJECT Start Date: April 2007 Ending Date: March 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 ^b b. Project 7 th					
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal	\$ 50,000		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 23, 2006					
b. Applicant	\$		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372					
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
f. Program Income	\$		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	\$ 50,000							
a. Authorized Representative								
Prefix MS.	First Name VIVIAN		Middle Name					
Last Name CHANG			Suffix					
b. Title EXECUTIVE DIRECTOR			c. Telephone Number (give area code) (510) 834-8920					
d. Signature of Authorized Representative 			e. Date Signed October 23, 2006					

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

2. DATE SUBMITTED 11/14/2006	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. Federal Identifier []	

1. TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 0092142140000

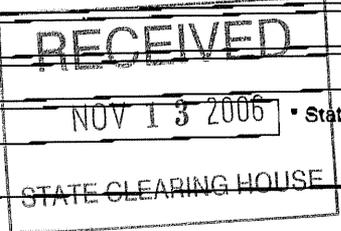
* Legal Name: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research Division: []

* Street1: 320 Panama Street Street2: []

* City: Stanford County: [] * State: CA * ZIP Code: 94305-4100

* Country: USA



Person to be contacted on matters involving this application

Prefix: * First Name: Ms. Jenny Middle Name: [] * Last Name: Kianitz Suffix: []

* Phone Number: 650-723-0139 Fax Number: 650-725-8125 Email: jkianitz@stanford.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
941156365

7. TYPE OF APPLICANT:

L: Private Institution of Higher Education

Other (Specify):
 Small Business Organization Type
 Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)

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

What other Agencies? []

9. NAME OF FEDERAL AGENCY:
Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81.049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fan

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

13. PROPOSED PROJECT:

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

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-014 b. * Project: CA-014

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Dr. Shanhui Middle Name: [] * Last Name: Fan Suffix: []

Position/Title: Assistant Professor * Organization Name: Board of Trustees of the Leland Stanford Junior University

Department: E. L. Ginzton Laboratory Division: Dean of Research

* Street1: 450 Via Palou Street2: []

* City: Stanford County: USA * State: CA * ZIP Code: 94305-4088

* Country: USA

* Phone Number: 650-724-4759 Fax Number: 650-725-2533 * Email: shanhui.fan@stanford.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	960,000.00
b. * Total Federal & Non-Federal Funds	960,000.00
c. * Estimated Program Income	0.00

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

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

DATE: 11/13/2006

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

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

Prefix: Mr.	* First Name: Steve	Middle Name:	* Last Name: Carter	Suffix:
* Position/Title: Contract and Grant Officer	* Organization: Board of Trustees of the Leland Stanford Junior University			
Department: Office of Sponsored Research	Division:			
* Street1: 320 Panama Street	Street2:			
* City: Stanford	County:	* State: CA	* ZIP Code: 94305-4100	
* Country: USA				
* Phone Number: 650-723-5349	Fax Number: 650-724-2290	* Email: sbcarter@stanford.edu		

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

* Date Signed
Completed on submission to Grants.gov

20. Pre-application

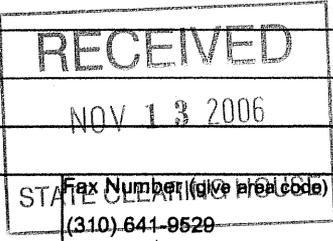
Add Attachment	12/05/2006 10:53:11 AM	12/05/2006 10:53:11 AM
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APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: South Los Angeles Economic Alliance; USC Center for Economic Development		Organizational Unit: Department: South Los Angeles Economic Alliance	
Organizational DUNS: 119808108		Division:	
Address: Street: 8929 S. Sepulveda Blvd., Suite 414		Name and telephone number of person to be contacted on matter involving this application (give area code) Prefix: Mr.	
City: Los Angeles		First Name: Bill	
County: Los Angeles		Middle Name	
State: California	Zip Code 90045	Last Name Raphael	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 6 4 7 0 7 7		Email: slaea1@earthlink.net	
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)		Phone Number (give area code) (310) 670-6406	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 2		Fax Number (give area code) (310) 641-9529	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Artesia, Inglewood, County of Los Angeles		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> (Not for profit organization) Other (specify)	
13. PROPOSED PROJECT Start Date: 01/01/2007		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
Ending Date: 12/31/2007		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development Strategy for Innovative Projects in Downtown Artesia and Century Boulevard Corridor in Inglewood	

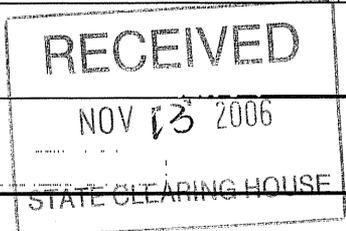


15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ 75,000 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	\$ 150,000 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 Mr.	First Name Bill	Middle Name
Last Name Raphael		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (310) 670-6406
d. Signature of Authorized Representative <i>Bill Raphael</i>		e. Date Signed 09/29/2006

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: Preapplication <input checked="" type="checkbox"/> Application Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New Continuation Revision * If Revision, select appropriate letter(s): Other (Specify)
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Coral Reef Alliance	
5a. Federal Entity Identifier: NOAA	* 5b. Federal Award Identifier: NMFS-HCPO-2007-2000782	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Coral Reef Alliance		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3211245	* c. Organizational DUNS: 928418987	
d. Address:		
* Street1: Street2: City: County: State: Province: Country: Zip / Postal Code:	417 Montgomery Street, Suite 205 San Francisco San Francisco CA: California USA: UNITED STATES 94104	
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Middle Name: * Last Name: Suffix:	* First Name: Rick MacPherson	
Title: Program Director		
Organizational Affiliation:		
* Telephone Number: 415-834-0900 ext.302	* Fax Number: 415-834-0999	
* Email: rmacpherson@coral.org		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2007-2000782

Title:

General Coral Reef Conservation

13. Competition Identification Number:

2049898

Title:

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

Kailua-Kona, Hawaii

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

Kailua-Kona Voluntary Code of Conduct and CORAL Reef Leadership Network: Expanding A Model for Sustainable Marine Recreation in Hawaii

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 8

* b. Program/Project 2

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2007

* b. End Date: 12/31/2008

18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	50,000.00
* f. Program Income	0.00
* g. TOTAL	150,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 11/10/2008
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No Explanation

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Rick

Middle Name:

* Last Name: MacPherson

Suffix:

* Title: Program Director

* Telephone Number: 415-834-0900 ext. 302

Fax Number: 415-834-0999

* Email: rmacpherson@coral.org

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

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

2. DATE SUBMITTED

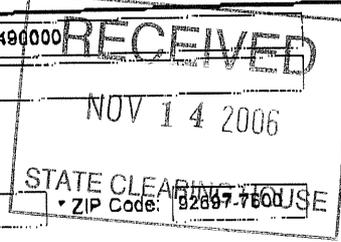
Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. Federal Identifier

* Organizational DUNS: 0467058490000



5. APPLICANT INFORMATION

* Legal Name: Regents of the University of California, Irvine

Department: Office of Research Admin

Division: Sponsored Projects Admin

* Street1: 300 University Tower

Street2:

* City: Irvine

County: Orange

* State: CA

* Country: USA

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Darlene

K.

Sullivan

* Phone Number: (949) 824-0341

Fax Number: (949) 824-2094

Email: dksullivan@uci.edu

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

952226406

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

Women Owned

Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Multi-Electron Approaches to Fundamental Water-Splitting Reactions

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

global

13. PROPOSED PROJECT:

* Start Date

* Ending Date

07/01/2007

06/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

48

48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Alan

F.

Heyduk

Ph.D.

Position/Title: Assistant Professor

* Organization Name: Regents of the University of California, Irvine

Department: Chemistry

Division: Physical Sciences

* Street1: 1102 Natural Sciences II

Street2:

* City: Irvine

County: Orange

* State: CA

* ZIP Code: 92697-2025

* Country: USA

* Phone Number: (949) 824-8806

Fax Number: (949) 824-2210

* Email: aheyduk@uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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

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

DATE:

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

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Date Signed: Completed on submission to Grants.gov

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

20. Pre-application

ADD ATTACHMENTS

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

-
- Pre-application
-
- Application
-
-
- Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0467058490000

* Legal Name: The Regents of the University of California

Department: Office of Research Admin

Division: Sponsored Projects Admin.

* Street1: 300 University Tower

Street2:

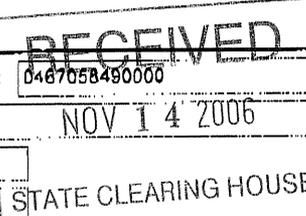
* City: Irvine

County: Orange

* State: CA

* ZIP Code: 92697-7800

* Country: USA



Person to be contacted on matters involving this application

Prefix: * First Name: Darlene Middle Name: Last Name: Sullivan Suffix:

* Phone Number: 949-824-0341

Fax Number: 949-824-2094

Email: dksullivan@ucl.edu

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

952226406

7. TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

9. NAME OF FEDERAL AGENCY:

Office of Science

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.D49

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

DOE solar energy

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

California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

05/01/2007

04/30/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

48

48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Reginald Middle Name: Last Name: Penner Suffix:

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Physical Sciences

Division: Chemistry

* Street1: 1102 Natural Sciences II

Street2:

* City: Irvine

County: Orange

* State: CA

* ZIP Code: 92697-2025

* Country: USA

* Phone Number: 949-824-8572

Fax Number: 949-824-1120

* Email: rmpenner@ucl.edu

OMB Number: 404D-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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

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

DATE:

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

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov *Darlene* 11/14/06 Completed on submission to Grants.gov

20. Pre-application

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier			
5. APPLICANT INFORMATION			
		* Organizational DUNS: 0471200840000	
* Legal Name: The Regents of the University of California			
Department: Sponsored Programs	Division: Office of Research		
* Street1: 1850 Reseach Park Drive, Suite 300	Street2: University of California		
* City: Davis	County: Yolo	* State: CA	* ZIP Code: 95618
* Country: USA			
Person to be contacted on matters involving this application			
Prefix: Mr.	* First Name: Matt	Middle Name:	* Last Name: Nguyen Suffix:
* Phone Number: 530-747-3912	Fax Number: 530-747-3929	Email: ORSP0team3@ad3.ucdavis.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
94-6036494		F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New		Other (Specify):	
<input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY:	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		Chicago Service Center	
		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
		81.049	
		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Nanostructured Solar Cells			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
Davis, CA			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
* Start Date: 07/01/2007	* Ending Date: 06/30/2010	a. * Applicant: 1	b. * Project: 1
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: Dr.	* First Name: Gergely	Middle Name:	* Last Name: Zimanyi Suffix:
Position/Title: Professor	* Organization Name: The Regents of the University of California		
Department: Physics	Division: College of Letters and Science		
* Street1: One Shields Avenue	Street2: University of California		
* City: Davis	County: Yolo	* State: CA	* ZIP Code: 95618
* Country: USA			
* Phone Number: 530-752-4711	Fax Number: 530-752-4717	* Email: zimanyi@physics.ucdavis.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:100px;" type="text" value="516,756.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:100px;" type="text" value="516,756.00"/></p> <p>c. * Estimated Program Income <input style="width:100px;" type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input style="width:100px;" type="text" value="11/14/2006"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:			
Mr.	Matt		Nguyen				
* Position/Title:	Contract and Grant Analyst		* Organization:	The Regents of the University of California			
Department:	Sponsored Programs		Division:	Office of Research			
* Street1:	1850 Reseach Park Drive, Suite 300		Street2:	University of California			
* City:	Davis	County:	Yolo	* State:	CA	* ZIP Code:	95618
* Country:	USA						
* Phone Number:	530-747-3912		Fax Number:	530-747-3929		* Email:	ORSP0team3@ad3.ucdavis.edu
* Signature of Authorized Representative				* Date Signed			
Completed on submission to Grants.gov				Completed on submission to Grants.gov			

20. Pre-application

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0948783940000

* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects

* Street1: University of California

Street2:

* City: Santa Barbara

County:

* State: CA

* ZIP Code: 93106

* Country: USA

RECEIVED

NOV 14 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Mr. Kevin

S.

Stewart

* Phone Number: 8058934034

Fax Number: 8058932611

Email: stewart@research.ucsb.edu

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

1956006145W

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

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

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Photoelectrochemical water splitting with nitride semiconductors

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

All

13. PROPOSED PROJECT:

* Start Date

* Ending Date

05/01/2007

04/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

23rd

23rd

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Christian

G.

Van de Walle

PhD

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Materials

Division:

College of Letters and Science

* Street1: University of California

Street2:

* City: Santa Barbara

County:

* State: CA

* ZIP Code: 93106

* Country: USA

* Phone Number: 8058937144

Fax Number: 8058938983

* Email: vandewalle@mrl.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input type="text" value="840,000.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="840,000.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="11/14/2006"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Kevin	S.	Stewart	
* Position/Title:	* Organization:			
Sponsored Projects Officer	The Regents of the University of California			
Department:	Division:			
Office of Research	Sponsored Projects			
* Street1:	Street2:			
University of California				
* City:	County:	* State:	* ZIP Code:	
Santa Barbara		CA	93106	
* Country:				
USA				
* Phone Number:	Fax Number:	* Email:		
8058934034	8058932611	stewart@research.ucsb.edu		

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION		4. Federal Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			
5. APPLICANT INFORMATION * Organizational DUNS: 0948783940000			
* Legal Name: The Regents of the University of California			
Department: CNSI		Division:	
* Street1: California Nanosystems Institute (CNSI)		Street2: University of California	
* City: Santa Barbara		County: Santa Barbara	* State: CA * ZIP Code: 93106-6105
* Country: USA			
Person to be contacted on matters involving this application			
Prefix:	* First Name:	Middle Name:	* Last Name:
	Kevin	S	Stewart
* Phone Number: 805-893-4034	Fax Number: 805-893-2611	Email: stewart@research.ucsb.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	
95-6006145W		F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New		Other (Specify):	
<input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGENCY:	
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
What other Agencies?		81.049	
		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Nanostructured Heterojunctions for Optimized Solar Energy Harvesting and the Development of Hybrid Tandem Cells			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)			
Santa Barbara, CA			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
* Start Date	* Ending Date	a. * Applicant	b. * Project
05/01/2007	04/30/2010	23	23
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:	* First Name:	Middle Name:	* Last Name:
Dr.	Galen		Stucky
Position/Title:	* Organization Name:		
Professor	The Regents of the University of California		
Department: Chemistry		Division:	
* Street1: 3623D Physical Sciences North		Street2: University of California	
* City: Santa Barbara		County: Santa Barbara	* State: CA * ZIP Code: 93106-6105
* Country: USA			
* Phone Number: 805-893-4872		Fax Number: 805-893-6132	* Email: stucky@chem.ucsb.edu

RECEIVED

NOV 14 2006

STATE CLEARING HOUSE

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	992,000.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	992,000.00	DATE:	11/14/2006
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

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

Mr. Kevin S Stewart

* Position/Title: Sponsored Projects Officer * Organization: The Regents of the University of California

Department: Office of Research Division:

* Street1: 3227 Cheadle Hall Street2: University of California

* City: Santa Barbara County: Santa Barbara * State: CA * ZIP Code: 93106-2050

* Country: USA

* Phone Number: 805-893-4034 Fax Number: 805-893-2611 * Email: stewart@research.ucsb.edu

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

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

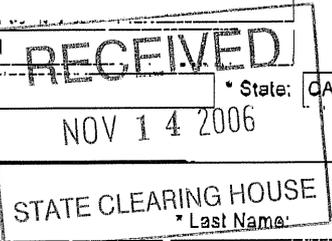
2. DATE SUBMITTED 11/14/2006	Applicant Identifier 2007-1389
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 8043557900000

* Legal Name: The Regents of the Univ. of Calif., U.C. San Diego
 Department: Office of C & G Administration Division:
 * Street1: 9500 Gilman Drive Street2: MC 0954
 * City: La Jolla County: San Diego * State: CA * ZIP Code: 92093
 * Country: USA



Person to be contacted on matters involving this application

Prefix: * First Name: Judith Middle Name: Wheaton * Last Name: Suffix:
 * Phone Number: 858-534-8832 Fax Number: 858-534-0280 Email: jwheaton@ucsd.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
95-6006144

7. * TYPE OF APPLICANT:
F: State-Controlled Institution of Higher Education

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

Other (Specify):
 Women Owned Small Business Organization Type
 Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Efficient Photolytic Hydrogen Production from a Non-Carbonaceous Source

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
La Jolla/San Diego, San Diego County, CA

13. PROPOSED PROJECT:
 * Start Date: 05/01/2007 * Ending Date: 04/30/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. * Applicant: CA-053 b. * Project: CA-053

16. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Dr. Marye Middle Name: Anne * Last Name: Fox Suffix:
 Position/Title: Professor * Organization Name: University of California San Diego
 Department: Chemistry and Biochemistry Division: General Campus
 * Street1: 9500 Gilman Dr Street2: MC 0332
 * City: La Jolla CA County: San Diego * State: CA * ZIP Code: 92093
 * Country: USA
 * Phone Number: 858-534-3135 Fax Number: 858-534-6523 * Email: mfox@ucsd.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text" value="533,590.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input type="text" value="533,590.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input type="text" value="11/14/2006"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

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

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED 11/14/2006	Applicant Identifier 2007-0984
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 804366790000

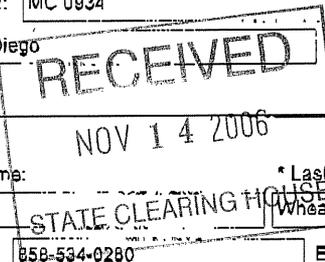
* Legal Name: The Regents of the Univ. of Calif., U.C. San Diego

Department: Office of Contract & Grant Adm Division:

* Street1: 9500 Gilman Drive Street2: MC 0934

* City: La Jolla County: San Diego * State: CA * ZIP Code: 92093

* Country: USA



Person to be contacted on matters involving this application

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

Ms. Judith Wheaton

* Phone Number: 658-534-8832 Fax Number: 658-534-0280 Email: jwheaton@ucsd.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
95-6006144

7. * TYPE OF APPLICANT:
H: Public/Indian Housing Authority

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

Other (Specify):
Small Business Organization Type
 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Intermolecular interactions responsible for the self-assembly of the photosynthetic apparatus in Rhodospirillum rubrum.

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
San Diego, CA

13. PROPOSED PROJECT:
 * Start Date: 07/01/2007 * Ending Date: 06/30/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. * Applicant: CA-053 b. * Project: CA-053

16. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Dr. Melvin Okamura

Position/Title: Professor * Organization Name: The Regents of the Univ. of Calif., U.C. San Diego

Department: Physics Department Division: General Campus

* Street1: 9500 Gilman Drive Street2: MC 0319

* City: La Jolla County: San Diego * State: CA * ZIP Code: 92093

* Country: USA

* Phone Number: 858-534-2506 Fax Number: 858-622-0007 * Email: mokamura@physics.ucsd.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input type="text" value="624,707.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="624,707.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="11/14/2006"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Judith		Wheaton	
* Position/Title:	* Organization:			
Contract & Grant Officer	The Regents of the Univ. of Calif., U.C. San Diego			
Department:	Division:			
Office of Contract & Grant Adm				
* Street1:	Street2:			
9500 Gilman Drive	MC 0934			
* City:	County:	* State:	* ZIP Code:	
La Jolla	San Diego	CA	92093	
* Country:				
USA				
* Phone Number:	Fax Number:	* Email:		
858-534-8832	858-534-0280	jwheaton@ucsd.edu		
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED 11/13/2006	Applicant Identifier 2007-1463
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 8043557900000

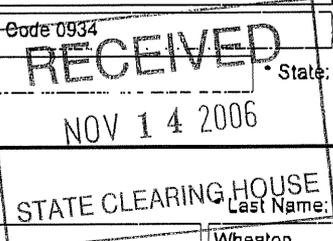
* Legal Name: The Regents of the University of California; University of California, San Diego.

Department: Office of Contract & Grant Adm Division:

* Street1: 9500 Gilman Drive Street2: Mail Code 0934

* City: La Jolla County: San Diego State: CA * ZIP Code: 92093-0934

* Country: USA



Person to be contacted on matters involving this application

Prefix: * First Name: Judith Middle Name: Last Name: Wheaton Suffix:

* Phone Number: 858-534-8832 Fax Number: 858-534-0280 Email: jwheaton@ucsd.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
95-6006-144

7. * TYPE OF APPLICANT:
F: State-Controlled Institution of Higher Education

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

Other (Specify):
 Small Business Organization Type
 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Photochemical Splitting of Carbon Dioxide

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

13. PROPOSED PROJECT:
 * Start Date: 07/01/2007 * Ending Date: 06/30/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. * Applicant: CA-053 b. * Project: CA-053

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Clifford Middle Name: Last Name: Kubiak Suffix:

Position/Title: Professor * Organization Name: The Regents of the University of California; University of California, San Diego
 Department: Chemistry and Biochemistry Division: General Campus
 * Street1: 9500 Gilman Drive Street2: Mail Code 0358
 * City: La Jolla County: San Diego State: CA * ZIP Code: 92093-0934
 * Country: USA
 * Phone Number: 858-822-2865 Fax Number: 858-822-4442 * Email: ckubiak@ucsd.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input type="text" value="600,000.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input type="text" value="600,000.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input type="text" value="11/14/2006"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative * Date Signed

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED 11/13/2006	Applicant Identifier 2007-1380
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

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

5. APPLICANT INFORMATION * Organizational DUNS: 8043557900000

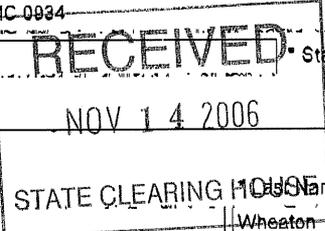
* Legal Name: Regents of the Univ. of Calif., U.C. San Diego

Department: Office of Contract and Grants Division: MC-0934

* Street1: 9500 Gilman Drive Street2: MC-0934

* City: La Jolla County: San Diego State: CA * ZIP Code: 92093

* Country: USA



Person to be contacted on matters involving this application

Prefix: * First Name: Judith Middle Name: Wheaton Last Name: Wheaton Suffix:

* Phone Number: 858-534-8832 Fax Number: 858-534-0280 Email: jwheaton@ucsd.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
95-6006144

7. * TYPE OF APPLICANT:
H: Public/Indian Housing Authority

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

Other (Specify):
 Women Owned Small Business Organization Type
 Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify)

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
81,049
 TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Plasmon-induced optical absorption enhancement for high-efficiency photovoltaics

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

13. PROPOSED PROJECT:
 * Start Date: 04/01/2007 * Ending Date: 03/31/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. * Applicant: CA-053 b. * Project: CA-053

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Edward Middle Name: T. Last Name: Yu Suffix:

Position/Title: Professor * Organization Name: Regents of the Univ. of Calif., U.C. San Diego

Department: Electrical & Computer Engineer Division: General Campus

* Street1: 9500 Gilman Drive Street2: MC 0407

* City: La Jolla County: San Diego * State: CA * ZIP Code: 92093

* Country: USA

* Phone Number: 858-534-6619 Fax Number: 858-822-0060 * Email: etyu@ucsd.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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

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

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

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

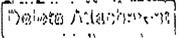
* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative: * Date Signed:

20. Pre-application  

APPLICATION FOR FEDERAL ASSISTANCE:

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 785188578

* Legal Name: Appa Renewable Energy Systems Incorporated

Department:

Division:

* Street1:

22242 Anthony Drive

Street2:

* City: Lake Forest

County: Orange

* State: CA California

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92630

RECEIVED

NOV 14 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Suri Appa

* Phone Number: 949-458-7314

Fax Number: 270-458-7314

Email: a.appa@aresi.us

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

20-3038291

7. * TYPE OF APPLICANT:

R: Small Business

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

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

 A. Increase Award B. Decrease Award C. Increase Duration

 D. Decrease Duration E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

B1.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Cost Reducing Strategy for the Manufacture, Transportation and Assembly of Multi-megawatt Wind Turbines

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

All United States

13. PROPOSED PROJECT:

* Start Date

07/01/2007

* Ending Date

02/28/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

CA-048

b. * Project

CA-048

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Dr. Kart Appa

Position/Title: Vice President

* Organization Name: Appa Renewable Energy Systems Incorporated

Department:

Division:

* Street1:

22242 Anthony Drive

Street2:

* City: Lake Forest

County: Orange

* State: CA California

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92630

* Phone Number: 949-458-7314

Fax Number: 270-458-7314

* Email: k.appa@aresi.us

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 1, 2006	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 <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Housing Improvement Systems and Planning Association, Inc.	Organizational Unit: Department: N/A
Organizational DUNS: 012986949	Division: N/A
Address: Street: 295 Main Street, Suite 100	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gabriel
City: Salinas	Middle Name Bonse
County: Monterey	Last Name Torres
State: CA Zip Code 93901	Suffix:
Country: USA	Email: gtorres@chispahousing.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-2631608

7. TYPE OF APPLICANT: (See back of form for Application Types)
O - Not for profit organization
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.)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-420

TITLE (Name of Program):
USDA Rural Development Section 523 Technical Assistance (Self-Help Program)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Application for USDA Rural Development 523 Technical Assistance grant funds. Mutual Self-Help Housing Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Monterey County (Salinas, Gonzales, Soledad, Greenfield, King City)

13. PROPOSED PROJECT
Start Date: March 2008 Ending Date: February 2009

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 17th District - California b. Project 17th District - California

15. ESTIMATED FUNDING:

a. Federal	\$	581,900.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	581,900.00

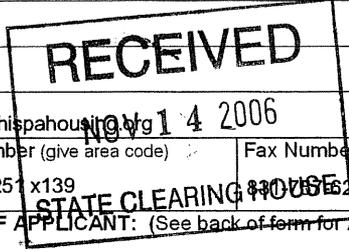
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 Alfred	Middle Name
Last Name Diaz-Infante		Suffix
b. Title President / CEO		c. Telephone Number (give area code) 831-757-6251 x130
d. Signature of Authorized Representative		e. Date Signed 10/23/06



Tab 1

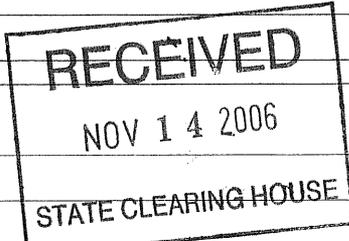
APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 1, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of California City		Organizational Unit: Department: Public Works	
Organizational DUNS: 13-9434984		Division: Water	
Address: Street: 21000 Hacienda Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: California City		Prefix: Mr.	First Name: William
County: Kern		Middle Name	
State: CA		Last Name Way	
Zip Code: 93505	Suffix: Jr.		
Country: U.S.		Email: citymgr@ccis.com	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 2 4 0 8 7 6 3		Phone Number (give area code) 760 373-7170	Fax Number (give area code) 760 373-7511
-----------------------------------------------------------------	--	-----------------------------------------------	---------------------------------------------

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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water & Waste Disposal Loan & Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Waterline Infrastructure, Phase II	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of California City, Kern County, California			

13. PROPOSED PROJECT Start Date: October, 2007 Ending Date: June, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20/21 b. Project 20/21	
------------------------------------------------------------------------------	--	---------------------------------------------------------------------------	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 6,351,300.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 1, 2006	
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	\$ 6,351,300.00		

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

a. Authorized Representative		
Prefix Mr.	First Name William	Middle Name
Last Name Way		Suffix Jr.
b. Title City Manager		c. Telephone Number (give area code) 760 373-7140
d. Signature of Authorized Representative		e. Date Signed November 1, 2006

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE
 State Application Identifier

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

4. Federal Identifier

5. APPLICANT INFORMATION * Organizational DUNS: 6277974260000
 * Legal Name: The Regents of the University of California
 Department: Office of Research Division: Sponsored Programs Administrat
 * Street1: 200 University Office Building Street2:
 * City: Riverside County: Riverside * State: CA * ZIP Code: 92521
 * Country: USA

Person to be contacted on matters involving this application
 Prefix: * First Name: Oscar Middle Name: Last Name: Caso Suffix:
 * Phone Number: (951) 827-7885 Fax Number: (951) 827-3188 Email: Oscar@engr.ucr.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
 956006142W

7. TYPE OF APPLICANT:
 F: State-Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):
 Small Business Organization Type
 Women Owned Socially and Economically Disadvantaged

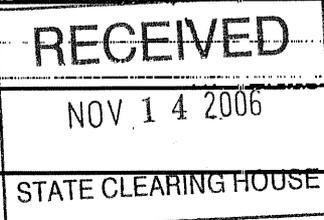
If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:
 Chicago Service Center

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Bioinspired light-harvesting systems with rectifying charge-transfer properties



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

13. PROPOSED PROJECT:
 * Start Date: 06/01/2007 * Ending Date: 05/31/2010

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 44th b. Project: 44th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
 Prefix: * First Name: Valentine Middle Name: Last Name: Vullev Suffix:
 Position/Title: Assistant Professor * Organization Name: The Regents of the University of California
 Department: Bio Engineering Division: Sponsored Programs Administrat
 * Street1: Bourns Hall Street2:
 * City: Riverside County: Riverside * State: CA * ZIP Code: 92521
 * Country: USA
 * Phone Number: (951) 827-6239 Fax Number: (951) 827-5698 * Email: vullev@ucr.edu

SF 424 (K&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	1,817,544.00
b. * Total Federal & Non-Federal Funds	1,817,544.00
c. * Estimated Program Income	0.00

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

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE: 11/14/2006

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

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

* I agree

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

19. Authorized Representative

Prefix: * First Name: Cynthia Middle Name: Last Name: Parish Suffix:

* Position/Title: Principal Contract and Grants Officer * Organization: The Regents of the University of California
 Department: Office of Research Division: Sponsored Programs Administrat
 * Street1: 200 University Office Building Street2:
 * City: Riverside County: Riverside * State: CA * ZIP Code: 92521
 * Country: USA
 * Phone Number: (951) 827-5535 Fax Number: (951) 827-4483 * Email: cynthia.parish@ucr.edu

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

20. Pre-application

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 1247267250000

* Legal Name: The Regents of the University of California

Department: c/o Sponsored Projects Office

Division:

* Street1: 2150 Shattuck Avenue, Suite 313

Street2:

* City: Berkeley

County: Alameda

* State: CA

* ZIP Code: 94704-5940

* Country: USA

RECEIVED
NOV 15 2006
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Susan

Hedley

* Phone Number: 510-642-8119

Fax Number: 510-642-8236

Email: shedley@berkeley.edu

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

94-6002123

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically DisadvantagedB. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).

 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):* Is this application being submitted to other agencies? Yes No

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

B1.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fundamental Science, Simulation, and Optimization of Carrier Generation, Separation and Mobility In Nanoscale Photovoltaics

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

Berkeley, CA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

07/01/2007

06/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-009

CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Jeffrey

Grossman

Position/Title: Executive Director

* Organization Name: University of California: Berkeley

Department: COINS

Division:

* Street1: 210 McLaughlin Hall

Street2:

* City: Berkeley

County: Alameda

* State: CA

* ZIP Code: 94720

* Country: USA

* Phone Number: 510-642-8358

Fax Number: 510-642-9879

* Email: jgrossman@berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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

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

DATE:

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

PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

* Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application



OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- Pre-application Application
 Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 1247267250000

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office

Division:

* Street1: 2150 Shattuck Ave. Suite 313

Street2:

* City: Berkeley

County: Alameda

* State: CA

* ZIP Code: 94704-5940

* Country: USA

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Susan

Hedley

* Phone Number: (510)642-8119

Fax Number: (510)642-8236

Email: shedley@berkeley.edu

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

94-6002123

7. TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. TYPE OF APPLICATION: New
 Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

 Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

 A. Increase Award B. Decrease Award C. Increase Duration

 D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

61.049

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

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Block Copolymer-Based Hierarchical Supramolecular Assemblies for Photovoltaics

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

Berkeley, Alameda, CA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

07/01/2007

06/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-009

CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Ting

Xu

Position/Title: Assistant Professor

* Organization Name:

The Regents of the University of California

Department: Material Science and Eng.

Division:

* Street1: 210 Hearst Memorial Mining Building

Street2:

* City: Berkeley

County: Alameda

* State: CA

* ZIP Code: 94720-1760

* Country: USA

* Phone Number: (215)534-6822

Fax Number:

* Email: tingxu@sas.upenn.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 462,000.00

b. * Total Federal & Non-Federal Funds 462,000.00

c. * Estimated Program Income 0.00

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

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

DATE: 11/14/2007

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

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

* I agree

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

19. Authorized Representative

Prefix: * First Name: Susan Middle Name: Last Name: Hedley Suffix:

* Position/Title: Senior Research Analyst * Organization: The Regents of the University of California

Department: Sponsored Projects Office Division:

* Street1: 2150 Shattuck Ave. Suite 313 Street2:

* City: Berkeley County: Alameda * State: CA * ZIP Code: 94704-5840

* Country: USA

* Phone Number: (510)642-8119 Fax Number: (510)642-8236 * Email: shedley@berkeley.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application Xu-hierarchical nanostructures for photovoltaics.pdf

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>
3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>
4. Federal Identifier	
<input type="text"/>	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 1247267250000

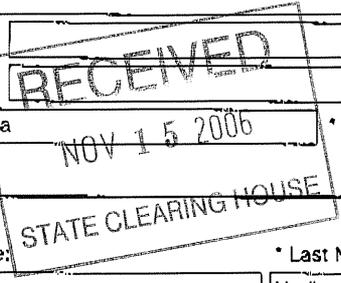
* Legal Name: Regents of the Univeristy of Callfornla, Berkeley

Department: Sponsored Projects Office Division:

* Street1: 2150 Shattuck Ave Rm 313 Street2:

* City: Berkeley County: Alameda * State: CA * ZIP Code: 94704-6940

* Country: USA



Person to be contacted on matters involving this application

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

Ms. Susan Hedley

* Phone Number: (510) 642-8119 Fax Number: (510) 642-8236 Email: shedley@berkeley.edu

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

94-6002123

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

Other (Specify):

Small Business Organization Type

Women Owned Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

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

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Nanoscale controls on the photoelectrochemical properties and structure of ferric iron oxide nanoparticle electrodes

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

Alameda County, California

13. PROPOSED PROJECT:

* Start Date * Ending Date

06/01/2007 05/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant b. * Project

CA-009 CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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

Ms. Jillian Banfield

Position/Title: Professor * Organization Name: Regents of the Univeristy of Callfornla, Berkeley

Department: Earth and Planetary Science Division:

* Street1: 307 McCone Hall Street2:

* City: Berkeley County: Alameda * State: CA * ZIP Code: 94720-4787

* Country: USA

* Phone Number: (510) 642-9486 Fax Number: (510) 643-9980 * Email: jill@seismo.berkeley.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	702,692.00	a. YES <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	702,692.00	DATE:	11/14/2006
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372; OR
		<input type="checkbox"/>	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* I agree

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

19. Authorized Representative							
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:			
Ms.	Susan		Hedley				
* Position/Title:	Asst. Director	* Organization:	Regents of the University of California, Berkeley				
Department:	Sponsored Projects Office	Division:					
* Street1:	2150 Shattuck Ave Rm 313	Street2:					
* City:	Berkeley	County:	Alameda	* State:	CA	* ZIP Code:	94704-5940
* Country:	USA						
* Phone Number:	(510) 642-8119	Fax Number:	(510) 642-8236	* Email:	ahedley@berkeley.edu		
* Signature of Authorized Representative				* Date Signed			
Completed on submission to Grants.gov				Completed on submission to Grants.gov			
20. Pre-application							
				Delete Attachment		View Attachment	

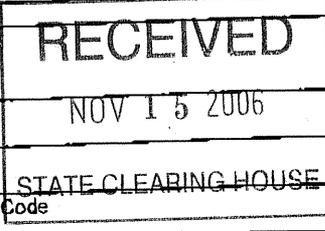
OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED APRIL 12, 2006	Applicant Identifier
	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: VALLEY SPRINGS PUBLIC UTILITY DISTRICT		Department: N/A	
Organizational DUNS: 004656934		Division: N/A	
Address: Street: 150 SEQUOIA AVENUE P.O. BOX 284 City: VALLEY SPRINGS County: CALAVERAS State: CALIFORNIA Country: UNITED STATES		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: HEINZ Middle Name: HEINRICH Last Name: HAMANN Suffix: N/A Email: heinz@volcano.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6003780		Phone Number (give area code): (209) 217-7691 Cell Fax Number (give area code): N/A	



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)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. SPECIAL DISTRICT Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-763	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: VALLEY SPRINGS PUD EMERGENCY WELL AND STORAGE
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): VALLEY SPRINGS, CALIFORNIA

13. PROPOSED PROJECT Start Date: MAY 1, 2006 Ending Date: SEPTEMBER 30, 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-03 b. Project: CA-03
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 440,051	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0	
g. TOTAL \$ 440,051	

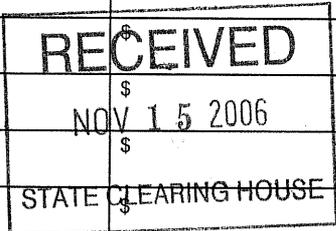
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		Middle Name
Prefix: MR.	First Name: MICHAEL	DAVID
Last Name: FISCHER		Suffix: N/A
Title: GENERAL MANAGER		c. Telephone Number (give area code): (209) 772-2650
u. Signature of Authorized Representative		e. Date Signed: APRIL 12, 2006

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED November 13, 2006	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Madera		Organizational Unit: Planning	
Address (give city, county, State, and zip code): 2037 W. Cleveland Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Rayburn Beach or Joel Moses (559) 675-7821	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 1 8		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align:right;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE: Water		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion of the effluent disposal site (spray field) for the Madera County North Fork sewage treatment plant.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): North Fork, Madera County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/06	Ending Date 11/1/08	a. Applicant 19	b. Project 19
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,500,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/13/06	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 1,500,000 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. Type Name of Authorized Representative Rayburn Beach		b. Title Planning Director	c. Telephone Number (559) 675-7821
d. Signature of Authorized Representative 		e. Date Signed 11/13/06	



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 14, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-07-UC-06-0005
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: County of Sacramento		Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400514		Division:	
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	
County: Sacramento		First Name Anne	
State: California		Middle Name	
Zip Code 95814		Last Name Mullinax	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000769		Email: amullinax@anra.org	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) (916) 440-1322	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant		Fax Number (give area code) (916) 447-2261	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
13. PROPOSED PROJECT Start Date: January 1, 2007		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
Ending Date: December 31, 2007		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects	
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th	
a. Federal	\$ 5,920,359	b. Project 3rd, 4th, 5th, and 11th	
b. Applicant	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
c. State	\$ 1,778,879	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006	
d. Local	\$ 4,146,637	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$ 3,375,404	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$ 881,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 16,112,279	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative			
Prefix Ms.		Middle Name M.	
First Name Anne		Suffix	
Last Name Moore		c. Telephone Number (give area code) (916) 440-1319	
d. Title Executive Director		e. Date Signed 11/14/06	
f. Signature of Authorized Representative			

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Authorized for Local Reproduction

Standard Form 424 (Rev 8-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 14, 2006	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-07-MC-06-0003

5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: City of Sacramento		Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400514	RECEIVED NOV 15 2006	Division:	
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Suzanne
County: Sacramento	STATE CLEARING HOUSE	Middle Name	
State: California	Zip Code: 95814	Last Name Hammer	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238		Phone Number (give area code) (916) 874-8325	Fax Number (give area code)
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant	
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 249,563.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006	
b. Applicant	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 120,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 200,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 160,000.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Incurru	\$ 0.00		
g. TOTAL	\$ 719,563.00		

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		Middle Name	
Prefix Mr.	First Name Bruce	Suffix	
Last Name Wagstaff		c. Telephone Number (give area code) (916) 875-3801	
b. Title Director Department of Human Assistance		d. Date Signed 11/13/06	
d. Signature of Authorized Representative <i>Bruce Wagstaff</i>			

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 14, 2006	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-07-MC-06-0003
5. APPLICANT INFORMATION				
Legal Name: City of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400314		Division:		
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms.		
County: Sacramento		First Name: Anna		
State: California		Middle Name		
Zip Code 95814		Last Name Mullinax		
Country USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238		Email: amullinex@ehra.org		Phone Number (give area code) (916) 440-1322
				Fax Number (give area code) (916) 444-2261
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 174-218		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
TITLE (Name of Program): Community Development Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento				
13. PROPOSED PROJECT Start Date: January 1, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th		
Ending Date: December 31, 2007		b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 5,848,236 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006		
b. Applicant	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 1,361,649 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 3,276,486 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 3,415,733 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
f. Program Income	\$ 571,000 ⁰⁰			
g. TOTAL	\$ 14,600,103 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		Middle Name		
Prefix Ms.	First Name Anna	M.		
Last Name Moore		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative		e. Date Signed 11/14/06		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 14, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-07-UC-06-0005

5. APPLICANT INFORMATION

Legal Name: County of Sacramento	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 24px; margin: 0;">NOV 15 2006</p> <p style="font-size: 24px; margin: 0;">STATE CLEARING HOUSE</p> </div>	Organizational Unit: Department: Sacramento Housing and Redevelopment Agency
Organizational DUNS: 139400209		Division:
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.
City: Sacramento		First Name: Suzanne
Country: USA		Middle Name: Last Name: Hammer Suffix:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-6000739	Phone Number (give area code) (916) 875-3801	Fax Number (give area code) (916) 874-4343
---------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231	9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant

13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3rd, 4th, 5th, and 11th b. Project: 3rd, 4th, 5th, and 11th
----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

15. ESTIMATED FUNDING: <table border="1" style="width: 100%;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">284,704</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">120,000</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">200,000</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">150,000</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">754,704</td> </tr> </table>	a. Federal	\$	284,704	b. Applicant	\$		c. State	\$	120,000	d. Local	\$	200,000	e. Other	\$	150,000	f. Program Income	\$		g. TOTAL	\$	754,704	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? u. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	284,704																				
b. Applicant	\$																					
c. State	\$	120,000																				
d. Local	\$	200,000																				
e. Other	\$	150,000																				
f. Program Income	\$																					
g. TOTAL	\$	754,704																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

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

a. Authorized Representative Prefix: Mr.	First Name: Bruce	Middle Name:
Last Name: Wagstoff	Suffix:	c. Telephone Number (give area code): (916) 875-3601
b. Title: Director Department of Human Assistance	d. Signature of Authorized Representative: <i>Bruce Wagstoff</i>	e. Date Signed: 11/13/06

APPLICATION FOR FEDERAL ASSISTANCE

Version 1/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 14, 2006	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY	State Application Identifier Federal Identifier S-07-MC-06-0003
5. APPLICANT INFORMATION Legal Name: City of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency Division:	
Organizational DUNS: 138400514		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Suzanne Middle Name:	
Address: Street: 830 I Street City: Sacramento County: Sacramento		Last Name: Hammer Suffix:	
State: California	Zip Code: 95814	Email: hammers@saccounty.net Phone Number (give area code): (916) 874-8325 Fax Number (give area code):	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 44-8026238		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision Other (specify):	
8. TYPE OF APPLICATION: 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 Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 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	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	249,563	
b. Applicant	\$	0	
c. State	\$	120,000	
d. Local	\$	200,000	
e. Other	\$	150,000	
f. Program Income	\$	0	
g. TOTAL	\$	719,563	
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: Bruce Middle Name: Suffix:		c. Telephone Number (give area code): (916) 873-3601 e. Date Signed: 11/13/06	
Last Name: Wagstaff		Title: Director Department of Human Assistance Signature of Authorized Representative: <i>Bruce Wagstaff</i> Previous Edition Usable Authorized for Local Reproduction	

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 14, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-07-MC-06-0003

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:	City of Sacramento	Department:	Sacramento Housing and Redevelopment Agency
Organizational DUNS: 139400514	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>NOV 15 2006</p> <p>STATE CLEARING HOUSE</p> </div>	Division:	
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	Prefix: Ms.
City: Sacramento		Middle Name	
County: Sacramento		Last Name Mullinax	
State: California	Zip Code 95814	Suffix:	
Country: USA		Email: amullinax@shra.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0028238	Phone Number (give area code) (916) 440-1322	Fax Number (give area code) (916) 444-2281
--------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant 14-218	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects
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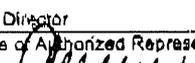
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007	15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
	<table border="1"> <tr><td>a. Federal</td><td>\$</td><td>5,848,236</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>0</td></tr> <tr><td>c. State</td><td>\$</td><td>1,391,649</td></tr> <tr><td>d. Local</td><td>\$</td><td>3,276,486</td></tr> <tr><td>e. Other</td><td>\$</td><td>3,415,733</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>571,000</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>14,500,103</td></tr> </table>	a. Federal	\$	5,848,236	b. Applicant	\$	0	c. State	\$	1,391,649	d. Local	\$	3,276,486	e. Other	\$	3,415,733	f. Program Income	\$	571,000	g. TOTAL	\$	14,500,103	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
a. Federal	\$	5,848,236																					
b. Applicant	\$	0																					
c. State	\$	1,391,649																					
d. Local	\$	3,276,486																					
e. Other	\$	3,415,733																					
f. Program Income	\$	571,000																					
g. TOTAL	\$	14,500,103																					

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		Middle Name	
Prefix Ms.	First Name Anne	M.	
Last Name Moore		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative		e. Date Signed 11/14/06	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 14, 2006	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-07-MC-06-0003
5. APPLICANT INFORMATION				
Legal Name: City of Sacramento		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0;">NOV 15 2006</p> <p style="font-size: 18px; margin: 0;">STATE CLEARING HOUSE</p> </div>		
Organizational DUNS: 138400514				
Address: Street: 630 I Street				
City: Sacramento				
County: Sacramento				
State: California	Zip Code: 95814	Organizational Unit: Department: Sacramento Housing and Redevelopment Agency Division:		
Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Anna Middle Name: Last Name: Mullinax Suffix:		
Email: amullinax@shra.org		Phone Number (give area code) (916) 440-1322		
Fax Number (give area code) (916) 444-2281		8. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4][6][0][2][8][2][3][8]		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant [1][4][2][1][8]		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 5,845,235	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006		
b. Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	\$ 1,391,649	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 3,276,466	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 3,415,733	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
f. Program income	\$ 571,000			
g. TOTAL	\$ 14,500,103			
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.				
9. Authorized Representative				
Prefix: Ms.	First Name: Anna	Middle Name: M. Suffix:		
Last Name: Moore		c. Telephone Number (give area code): (810) 440-1319		
b. Title: Executive Director		d. Date Signed: 11/14/06		
d. Signature of Authorized Representative: 				

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 November 14, 2006	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 5-07-MC-06-0003
5. APPLICANT INFORMATION			
Legal Name: City of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400514		Division:	
Address: Street: 830 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: Suzanne	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Hammer	
State: California		Suffix:	
Zip Code: 95814		Email: hammers@accounhly.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 914-6028238		Phone Number (give area code) (916) 874-8326	Fax Number (give area code)
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant	
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 249,563	a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006	
b. Applicant	\$ 0	b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 120,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 200,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 150,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0		
g. TOTAL	\$ 719,563		
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: Bruce Middle Name:		Last Name: Wagstaff Suffix:	
Title: Director Department of Human Assistance		c. Telephone Number (give area code) (916) 875-3601	
d. Signature of Authorized Representative: <i>Bruce Wagstaff</i>		e. Date Signed: 11/13/06	

RECEIVED
 NOV 15 2006
 STATE CLEARING HOUSE

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 November 14, 2006	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-07-UC-06-0005
5. APPLICANT INFORMATION				
Legal Name: County of Sacramento		RECEIVED NOV 15 2006 STATE CLEARING HOUSE	Organizational Unit: Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400209			Division:	
Address: Street: 630 I Street			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento			Prefix: Ma.	First Name: Suzanne
County: Sacramento		Middle Name		Last Name Hammer
State: California	Zip Code 95814	Suffix:		Email: hammers@saccounty.net
Country: USA		Phone Number (give area code) (916) 875-3601		Fax Number (give area code) (916) 874-4343
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000789		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 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		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 284,704			
b. Applicant	\$			
c. State	\$ 120,000			
d. Local	\$ 200,000			
e. Other	\$ 150,000			
f. Program Income	\$			
g. TOTAL	\$ 754,704			
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 Bruce	Middle Name		Suffix
Last Name Wagstaff		c. Telephone Number (give area code) (916) 875-3601		e. Date Signed 11/13/06
b. Title Director Department of Human Assistance		d. Signature of Authorized Representative <i>Bruce Wagstaff</i>		

Previous Edition Usable
Authorized for Local Reproduction

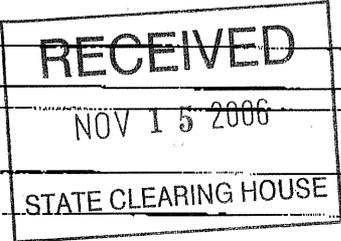
Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

24

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 November 14, 2006	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: City of Sacramento		3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 139400514		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-07-MC-06-0003
Address: Street: 630 I Street		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency Division:	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms. First Name: Suzanne	
State: California Zip Code: 95814		Middle Name	
Country: USA		Last Name Hammer	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[8][0][2][8][2][3][8]		Suffix:	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Email: hammer@uocounty.net	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Phone Number (give area code) Fax Number (give area code) (916) 874-0325	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant	
16. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
a. Federal \$ 249,583	b. Applicant \$ 0	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State \$ 120,000	d. Local \$ 200,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other \$ 150,000	f. Program Income \$ 0	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 \$ 719,583	19. Authorized Representative Prefix: Mr. First Name: Bruce Middle Name: Last Name: Wagstaff Suffix: Title: Director Department of Human Assistance c. Telephone Number (give area code): (916) 875-3601 d. Signature of Authorized Representative: <i>Bruce Wagstaff</i> e. Date Signed: 11/13/06		

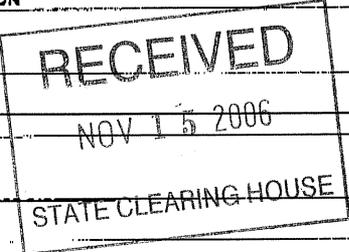


APPLICATION FOR FEDERAL ASSISTANCE

Version 1/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED November 14, 2006	Applicant Identifier
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		S-07-UC-06-0005

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: County of Sacramento		Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400209		Division:	
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms	First Name: Suzanne
County: Sacramento		Middle Name	
State: California		Last Name Hammer	
Zip Code: 95814	Suffix:		
Country: USA		Email: hammers@sacounty.net	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000750	Phone Number (give area code): (916) 875-3601	Fax Number (give area code): (916) 874-1313
--------------------------------------------------------	--------------------------------------------------	------------------------------------------------

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007	15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---------------------------------------------------------------------------------------	------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

a. Federal	\$ 284,704.00
b. Applicant	\$ 0.00
c. State	\$ 120,000.00
d. Local	\$ 200,000.00
e. Other	\$ 150,000.00
f. Program Income	\$ 0.00
g. TOTAL	\$ 754,704.00

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		Middle Name	
Prefix Mr	First Name Bruce	Suffix	
Last Name Wagstaff		c. Telephone Number (give area code) (916) 875-3601	
b. Title Director Department of Human Assistance		a. Date Signed 11/13/06	
d. Signature of Authorized Representative <i>Bruce Wagstaff</i>			

OK

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

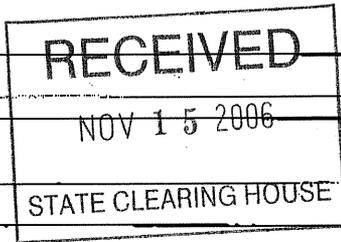
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 14, 2006	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	4. DATE RECEIVED BY FEDERAL AGENCY
5. APPLICANT INFORMATION		Federal Identifier B-07-MC-06-0003	
Legal Name: City of Sacramento	Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400314	Division:		
Address: Street: 830 I Street City: Sacramento County: Sacramento State: California Zip Code: 95814	RECEIVED NOV 15 2006 STATE CLEARING HOUSE	Name and telephone number of person to be contacted on matters involving this application (give area code)	
		Prefix: Ma.	First Name: Anna
		Middle Name	
		Last Name: Mullinax	
		Suffix	
	Email: amullinax@shra.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-8029298	Phone Number (give area code) (916) 440-1322	Fax Number (give area code) (916) 444-2261	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program) Community Development Block Grant 14-218	9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2007 Ending Date: December 31, 2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 5,845,235 ⁰⁰	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006		
b. Applicant \$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 1,391,649 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 3,276,468 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ 3,415,733 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 571,000 ⁰⁰			
g. TOTAL \$ 14,500,103 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: Ma.	First Name: Anna	Middle Name: M.	
Last Name: Moore	Suffix		
b. Title: Executive Director	c. Telephone Number (give area code): (916) 440-1319		e. Date Signed: 11/14/06
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 14, 2006	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		B-07-UC-06-0005

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department: Sacramento Housing and Redevelopment Agency	
County of Sacramento		Division:	
Organizational DUNS: 139400514		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address:		Prefix: Ms.	
Street: 630 I Street		First Name: Anne	
City: Sacramento		Middle Name:	
County: Sacramento		Last Name: Mullinax	
State: California		Suffix:	
Zip Code: 95814		Email: amullinax@shra.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759		7. TYPE OF APPLICANT: (See back of form for Application Types)
<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.)		Municipal
Other (specify):		Other (specify):
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: January 1, 2007	Ending Date: December 31, 2007	a. Applicant 3rd, 4th, 6th, and 11th	b. Project 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,920,359	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant		DATE: November 14, 2006	
c. State	\$ 1,778,879	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 4,148,637	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 3,375,404	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 891,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 16,112,279		

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 Anne	Middle Name M.
Last Name Moore		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319
d. Signature of Authorized Representative		e. Date Signed 11/14/06

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 14, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-07-UC-06-0005
5. APPLICANT INFORMATION Legal Name: County of Sacramento		Organizational Unit Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 133400209		Division:	
Address: Street: 830 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name Suzanne
County: Sacramento		Middle Name	
State: California		Last Name Hammer	
Zip Code: 95814		Suffix:	
Country: USA		Email: hammers@sacounty.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0000739		Phone Number (give area code) (916) 875-3601	Fax Number (give area code) (916) 874-4343
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Emergency Shelter Grant	
13. PROPOSED PROJECT Start Date: January 1, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th	
Ending Date: December 31, 2007		b. Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 264,704	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006	
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 120,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 200,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 150,000	<input type="checkbox"/> Yes (if "Yes" attach an explanation.) <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 754,704		
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 Bruce	Middle Name	
Last Name Wagstaff		Suffix	
b. Title Director Department of Human Assistance		c. Telephone Number (give area code) (916) 875-3601	
d. Signature of Authorized Representative <i>Bruce Wagstaff</i>		e. Date Signed 11/13/06	

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 14, 2006	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		B-07-UC-06-0008		
Legal Name: County of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400514		Division:		
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms.		
County: Sacramento		First Name Anne		
State: California		Middle Name		
Zip Code 95814		Last Name Mullinax		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6009759		Phone Number (give area code) (916) 440-1322		Fax Number (give area code) (916) 447-2261
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th		
Ending Date: December 31, 2007		b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 5,920,359	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE: November 14, 2006		
c. State	\$ 1,778,879	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 4,146,637	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 3,375,404	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ 891,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 16,112,279			
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 Anne		Middle Name M.
Last Name Moore		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative		e. Date Signed 11/14/06		

RECEIVED
 NOV 15 2006
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 14, 2006		Applicant Identifier			
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier			
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier B-07-UC-06-0005			
Legal Name: County of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		Division:			
Organizational DIJNS 139400514		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 24px; margin: 0;">NOV 15 2006</p> <p style="font-size: 24px; margin: 0;">STATE CLEARING HOUSE</p> </div>		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Address: Street: 830 I Street				Prefix: Ms.		First Name: Anne	
City: Sacramento				Middle Name		Last Name Mullinax	
County: Sacramento				Suffix:			
State: California		Zip Code: 95814		Email: amullinax@shra.org			
Country: USA		6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-0000759		Phone Number (give area code) (916) 440-1322			
				Fax Number (give area code) (916) 447-2261			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant 14-218		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2007 Community Development Block Grant Projects					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 6th, and 11th		b. Project 3rd, 4th, 5th, and 11th			
13. PROPOSED PROJECT Start Date: January 1, 2007		Ending Date: December 31, 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2006 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			
15. ESTIMATED FUNDING:				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal \$ 5,920,350		b. Applicant \$					
c. State \$ 1,778,879		d. Local \$ 4,146,637					
e. Other \$ 3,375,404		f. Program Income \$ 891,000					
g. TOTAL \$ 10,112,279							
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.		Middle Name M.			
Last Name Moore		First Name Ariano		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		d. Date Signed 11/14/06			
d. Signature of Authorized Representative							

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