Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: / /

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1539583

* c. Organizational DUNS: 125084723

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d. Address:

* Street1: UC Santa Cruz
Street2: 1156 High Street
* City: Santa Cruz
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95064

e. Organizational Unit:

Department Name: Environmental Studies

Division Name: Social Sciences Division

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

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

Title: Contracts and Grants Officer

Organizational Affiliation:

* Telephone Number: 831-459-3341

Fax Number:

* Email: kmaja@ucsc.edu

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

Application for Federal Assistance SF-424 Version 02

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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-2008-2001046

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY08

13. Competition Identification Number:

2077385

Title:

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

Elkhorn Slough National Estuarine Research Reserve is in/associated with the town of Moss Landing, CA, the counties of Monterey and Santa Cruz

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

Interactions of nutrient pollution and sea-level rise in the estuary of Elkhorn Slough, California

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2009
* b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	60,000.00
* b. Applicant	25,715.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,715.00

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STATE CLEARING HOUSE

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	
* First Name:	Kate
Middle Name:	
* Last Name:	Aja
Suffix:	
* Title:	Contracts and Grants Officer
* Telephone Number:	831-459-3341
Fax Number:	
* Email:	kmaja@ucsc.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

Version 02

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

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	GRANT00368372

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1539563	125084723

d. Address:

* Street1: 1156 High Street
Street2:
* City: Santa Cruz
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95064

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e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Dr. * First Name: Donald
Middle Name:
* Last Name: Potts
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 831-459-4417 Fax Number:

* Email: potts@biology.ucsc.edu

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001019

* Title:

General Coral Reef Conservation

13. Competition Identification Number:

2075859

Title:

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

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

Submarine Groundwater Input to Coral Reefs in Midway Atoll, North-West Hawaiian Islands

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2008
* b. End Date: 12/01/2008

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	100,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	
* First Name:	Wanda
Middle Name:	Jeanne
* Last Name:	Moody
Suffix:	
* Title:	Contract and Grant Officer
* Telephone Number:	831-459-3136
Fax Number:	831-459-5353
* Email:	wmoody@ucsc.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Rio Dell

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1603860

*c. Organizational DUNS: 626731866

d. Address:

*Street 1: 675 Wildwood Avenue
Street 2:
*City: Rio Dell
County: Humboldt
*State: California
Province: N/A
*Country: United States of America
*Zip / Postal Code 95562

e. Organizational Unit:

Department Name: N/A/

Division Name: N/A

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

Prefix: Ms.
*First Name: Stephanie
Middle Name: N/A
*Last Name: Beauchaine
Suffix: N/A

Title: Finance Director

Organizational Affiliation:

*Telephone Number: 707-764-3532
Fax Number: 707-764-5480

*Email: finance1@riodellcity.com

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

United States Environmental Protection Agency, Region 9

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

***12 Funding Opportunity Number:**

EPA-OSWER-OSW-06-03

*Title:

Water and Waste Disposal Loan and Grant Program

13. Competition Identification Number:

N/A

Title:

N/A

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

City of Rio Dell and Metropolitan Area of Humboldt County

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

USDA RUS Water and Wastewater Disposal Loan and Grant Pre-Application for the Rio Dell WWTF Improvement Project, Highway 101, Rio Dell, California

Attachment 2 Contains Figures: Figure 1 is a Vicinity and Location Map and Figure 2 is a Metropolitan Area Map.

Winzler & Kelly Fax:7074448330 Nov 2 2007 15:47 P.03

Application for Federal Ass nce SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: August 2008 *b. End Date: August 2011

18. Estimated Funding ($):

*a. Federal	$17,293,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	$17,293,000

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on November 2, 2007

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Nancy

Middle Name: N/A

*Last Name: Flemming

Suffix: N/A

*Title: City Manager City of Rio Dell

*Telephone Number: 707-764-3532 Fax Number: 707-764-5480

* Email: cm@riodellcity.com

*Signature of Authorized Representative: Nancy Flemming *Date Signed: 11/02/07

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 10/10/07

Applicant Identifier:

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

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

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

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

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

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

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

State Chartered Transit District

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

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
TITLE 49 U.S.C. § 5339

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT
CA-39-0002 Alternatives Analysis

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

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/07	6/30/10	Districts 24 through 39, and 41	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	2,000,000.00
b Applicant	$	.00
c State	$	.00
d Local	$	500,000.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	2,500,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 10/26/07
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

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

d. Signature of Authorized Representative	e. Date Signed
for Richard Christian	10-29-2007

Previous Editions Not Usable

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED November 2, 2007	Applicant Identifier 01-4
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 04-60-680119109
☑ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Pixley Investment Group	Organizational Unit: Department: A California Limited Partnership
Organizational DUNS:	Division:
Address: Street: 1010 Racquet Club Drive, Suite 103	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: / First Name: John
City: Auburn	Middle Name Patrick
County: Placer County	Last Name Casper
State: California / Zip Code 95603	Suffix:
Country: United States	Email: jcasper@cbmgroup.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0119109	Phone Number (give area code): (530) 745-3244 Fax Number (give area code): (530) 888-7931

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) L.P. 9. NAME OF FEDERAL AGENCY: USDA - Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415 TITLE (Name of Program): Rural Rental Housing Loans	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Repair/Rehabilitation Pixley Apartments 735 East Terra Bella Pixley, CA 93256
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Earlimart, Tipton, Tulare County, CA	
13. PROPOSED PROJECT Start Date: 1/1/08 / Ending Date: 12/31/08	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 / b. Project 21

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$ 810,198 .00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 2, 2007
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 810,198 .00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative Prefix	First Name John	Middle Name Patrick
Last Name Casper		Suffix
b. Title Administrative General Partner		c. Telephone Number (give area code) (530) 745-3244
d. Signature of Authorized Representative		e. Date Signed November 2, 2007

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Hat Creek Highlands Mutual Water Company

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

Organizational DUNS:

Address:
Street:
City:
County: Shasta
State: CA
Zip Code 96071
Country:

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: First Name: David
Middle Name L.
Last Name Dawson
Suffix:
Email: ddawsons@sbcglobal.net
Phone Number (give area code) 916-324-0812 office 530-674-2505 home
Fax Number (give area code) 916-445-[illegible]2867

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8165 68-[illegible]948

7. TYPE OF APPLICANT: (See back of form for Application Types)
O - Not for Profit
Other (specify) Private Entity

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-763
TITLE (Name of Program): Emergency Community Water Assistance Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hat Creek Highland Mutual Water Co. Water System Replacement Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hat Creek Highlands, Old Station, CA, Shasta County

13. PROPOSED PROJECT
Start Date: 12/2007
Ending Date: 12/2008

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant CA District #2
b. Project CA District #2

15. ESTIMATED FUNDING:

a. Federal	$ 622,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 622,000 .00

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

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

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

a. Authorized Representative
Prefix
First Name David
Middle Name L.
Last Name Dawson
Suffix
b. Title Board Member Hat Creek Highlands Mutual Water Co.
c. Telephone Number (give area code) 916-324-0812/530-674-2505
d. Signature of Authorized Representative X [signature] Co-chair
e. Date Signed 10/28/07 Dorothy J. Kenny Sec

Previous Edition Usable
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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 ☐ Construction ☑ Non-Construction / Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 10/31/07	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Stockton East Water District

Organizational DUNS: 066122854

Address:
Street: 6767 East Main Street (PO Box 5157)
City: Stockton
County: San Joaquin
State: CA
Zip Code: 95207 (95205)
Country: United States

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: Mr. First Name: Kevin
Middle Name: M.
Last Name: Kauffman
Suffix:
Email: kkauffman@sewd.net
Phone Number (give area code): (209) 948-0333
Fax Number (give area code): (209) 948-0423

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0036995

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

Other (specify)

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

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

Other (specify)

9. NAME OF FEDERAL AGENCY: National Marine Fisheries Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Habitat Conservation 11-463

TITLE (Name of Program): NOAA Open Rivers Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lower Calaveras River Anadromous Fish Barrier Removal Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City: Stockton County: San Joaquin State: CA

13. PROPOSED PROJECT
Start Date: July 1, 2008
Ending Date: June 30, 2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Districts 11 & 18
b. Project: Districts 11 & 18

15. ESTIMATED FUNDING:

a. Federal	$ 586,460
b. Applicant	$ 570,855
c. State	$ 0
d. Local	$ 0
e. Other	$ 15,605
f. Program Income	$ 0
g. TOTAL	$ 1,172,920

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: October 31, 2007
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Mr. First Name: Kevin Middle Name: M.
Last Name: Kauffman Suffix:
b. Title: General Manager
c. Telephone Number (give area code): (209) 948-0333
d. Signature of Authorized Representative:
e. Date Signed: 10/30/07

Previous Edition Usable
Authorized for Local Reproduction

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

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
NOV - 5 2007
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 195-6042721A1

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721A1

* c. Organizational DUNS: 073371346

d. Address:

* Street1: 5250 Campanile Drive
Street2:
* City: San Diego
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92182

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.

* First Name: Eugene

Middle Name:

* Last Name: Stein

Suffix:

Title: Director of Sponsored Research Development

Organizational Affiliation:

* Telephone Number: 619-594-5791

Fax Number:

* Email: awards@foundation.sdsu.edu

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

8. 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:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOS-CSC-2008-2001072

* Title:

FY 2008 Implementation of Regional Integrated Ocean Observing Systems

13. Competition Identification Number:

2077856

Title:

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

San Diego City, San Diego County

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

San Diego Bio-Optical Moorings

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-053
* b. Program/Project: varied

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2008
* b. End Date: 07/31/2011

18. Estimated Funding ($):

* a. Federal	1,193,411.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,193,411.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/05/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix: Ms.
* First Name: Camille
Middle Name:
* Last Name: Nebeker
Suffix:

* Title: Director of the Division of Research Affairs

* Telephone Number: 619-594-5936
Fax Number:

* Email: awards@foundation.sdsu.edu

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
NOV - 5 2007
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 195-6042721A1

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721A1

* c. Organizational DUNS: 073371346

d. Address:

* Street1: 5250 Campanile Drive
Street2:
* City: San Diego
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92182

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
* First Name: Eugene
Middle Name:
* Last Name: Stein
Suffix:

Title: Director of Sponsored Research Development

Organizational Affiliation:

* Telephone Number: 619-594-5731
Fax Number:

* Email: awards@foundation.sdsu.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOS-CSC-2008-2001072

* Title:

FY 2008 Implementation of Regional Integrated Ocean Observing Systems

13. Competition Identification Number:

2077856

Title:

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

San Diego City, San Diego County

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

Southern California Coastal Ocean Model

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-053
* b. Program/Project: varied

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2008
* b. End Date: 07/31/2011

18. Estimated Funding ($):

* a. Federal	757,330.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	757,330.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/05/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Ms.
* First Name: Camille
Middle Name:
* Last Name: Nebeker
Suffix:

* Title: Director of the Division of Research Affairs

* Telephone Number: 619-594-5938
Fax Number:

* Email: awards@foundation.sdsu.edu

* 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)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

DE-FG02-91ER4679

5. APPLICANT INFORMATION * Organizational DUNS: 046705849

* Legal Name: Regents of the University of California

Department: Office of Research Admin Division: Sponsored Projects

* Street1: 300 University Tower Street2:

* City: Irvine County: Orange * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92697

Person to be contacted on matters involving this application

Prefix: Ms. * First Name: Darlene Middle Name: K * Last Name: Sullivan Suffix:

* Phone Number: 949-824-0341 Fax Number: 949-824-2094 Email: dksulliv@uci.edu

RECEIVED
NOV - 7 2007
STATE CLEARING HOUSE

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

95-2226406

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

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

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

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

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

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

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY07 ATLAS Trigger and Data Acquisition Construction Project

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

N/A

13. PROPOSED PROJECT:

* Start Date: 10/01/2006 * Ending Date: 01/31/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-48 b. * Project: CA-48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: Andrew Middle Name: * Last Name: Lankford Suffix:

Position/Title: Professor / PI * Organization Name: Regents of the University of California

Department: Physics and Astronomy Division: Physical Sciences

* Street1: 4129 Frederick Reines Hall Street2:

* City: Irvine County: Orange * State: CA: Califon

Province: * Country: JNITED ST * ZIP / Postal Code: 92697

* Phone Number: 949-824-2632 Fax Number: 949-824-2174 * Email: hsobel@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding: 810,100.00

b. * Total Federal & Non-Federal Funds: 810,100.00

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: 06/01/2007

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:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K	Sullivan	

* Position/Title: Contracts and Grants Officer
* Organization: Regents of the University of California
Department: Office of Research Admin
Division: Sponsored Projects
* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
* State: CA: Californ
Province:
* Country: UNITED ST
* ZIP / Postal Code: 92697
* Phone Number: 949-824-0341
Fax Number: 949-824-2094
* Email: dksulliv@uci.edu

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

*** Date Signed**
6/1/07 Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

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

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier
DE-FG02-91ER4679

5. APPLICANT INFORMATION

* Organizational DUNS: 046705849

* Legal Name: Regents of the University of California

Department: Office of Research Admin
Division: Sponsored Projects

* Street1: 300 University Tower
Street2:

* City: Irvine
County: Orange
* State: CA: Califor

Province:
* Country: UNITED ST
* ZIP / Postal Code: 92697

RECEIVED
NOV - 7 2007
STATE CLEARINGHOUSE

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K	Sullivan	

* Phone Number: 949-824-0341
Fax Number: 949-824-2094
Email: dksulliv@uci.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):
95-2226406

7. * TYPE OF APPLICANT:
H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type
☐ Women Owned ☐ Socially and Economically Disadvantaged

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

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

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

9. * NAME OF FEDERAL AGENCY:
Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
UCI Task E Supplemental Proposal - ATLAS Travel

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

13. PROPOSED PROJECT:
* Start Date: 02/01/2007
* Ending Date: 01/31/2008

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-48
b. * Project: CA-48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Andrew		Lankford	PhD

Position/Title: Professor / PI
* Organization Name: Regents of the University of California

Department: Physics and Astronomy
Division: Physical Sciences

* Street1: 4129 Frederick Reines Hall
Street2:

* City: Irvine
County: Orange
* State: CA: Califon

Province:
* Country: UNITED ST
* ZIP / Postal Code: 92697

* Phone Number: 949-824-2632
Fax Number: 949-824-2174
* Email: hsobel@uci.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	25,000.00
b. * Total Federal & Non-Federal Funds	25,000.00
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: 06/01/2007

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:	Middle Name:	* Last Name:	Suffix:
Ms.	Darlene	K	Sullivan	

* Position/Title:	Contracts and Grants Officer	* Organization:	Regents of the University of California
Department:	Office of Research Admin	Division:	Sponsored Projects
* Street1:	300 University Tower	Street2:	
* City:	Irvine	County:	Orange
* State:	CA: Califori		
Province:		* Country:	UNITED ST
* ZIP / Postal Code:	92697		
* Phone Number:	949-824-0341	Fax Number:	949-824-2094
* Email:	dksulliv@uci.edu		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov Darlene 9/1/07

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

20. Pre-application Add Attachment | Delete Attachment | View Attachment

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

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

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

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

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
10/11/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
08SF081894

4. DATE RECEIVED BY FEDERAL AGENCY:
10/11/07

FEDERAL IDENTIFIER:
06SFPCA002

5. APPLICATION INFORMATION

LEGAL NAME: Fresno County Economic Opportunities Commission

DUNS NUMBER: 078788023

ADDRESS (give street address, city, state, zip code and county):
1920 Mariposa Mall
Suite 300
Fresno CA 93721 - 2504
County: Fresno

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Victoria A. Lopes
TELEPHONE NUMBER: (559) 263-1533
FAX NUMBER: (559) 263-1540
INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoeoc.org

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NOV - 7 2007
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941606319

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization
Community Action Agency/Community Action Program

8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [ ] NEW/PREVIOUS GRANTEE
[X] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011
10b. TITLE: Foster Grandparent Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno/Madera FGP

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

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Fresno County, CA and contiguous city in Madera, CA

13. PROPOSED PROJECT: START DATE 01/01/06 END DATE: 12/31/08

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 20 b.Program CA 20

15. ESTIMATED FUNDING: Year #: 3

a. FEDERAL	$ 355,976.00
b. APPLICANT	$ 79,520.00
c. STATE	$ 0.00
d. LOCAL	$ 71,874.00
e. OTHER	$ 7,646.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 435,496.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 12-OCT-07
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Roger Palomino

b. TITLE:
Executive Director

c. TELEPHONE NUMBER:
(559)263-1010

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
11/07/07

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: DE-FG02-91ER4679

5. APPLICANT INFORMATION

* Organizational DUNS: 046705649

* Legal Name: Regents of the University of California

Department: Office of Research Admin | Division: Sponsored Projects

* Street1: 300 University Tower | Street2:

* City: Irvine | County: Orange | * State: CA: Califon

Province: | * Country: UNITED ST | * ZIP / Postal Code: 92697

Person to be contacted on matters involving this application

Prefix: Ms. | * First Name: Darlene | Middle Name: K | * Last Name: Sullivan | Suffix:

* Phone Number: 949-824-0341 | Fax Number: 949-824-2094 | Email: dksullv@uci.edu

RECEIVED NOV - 7 2007 STATE CLEARINGHOUSE

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

95-2226406

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

* 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:

UCI Task E Supplemental Proposal - BABAR

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

N/A

13. PROPOSED PROJECT:

* Start Date: 02/01/2006 | * Ending Date: 05/31/2006

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-48 | b. * Project: CA-48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. | * First Name: Andrew | Middle Name: J | * Last Name: Lankford | Suffix: PhD

Position/Title: Professor / PI | * Organization Name: Regents of the University of California

Department: Physics and Astronomy | Division: Physical Sciences

* Street1: 4129 Frederick Reines Hall | Street2:

* City: Irvine | County: Orange | * State: CA: Califor

Province: | * Country: UNITED ST | * ZIP / Postal Code: 92697

* Phone Number: 949-824-6431 | Fax Number: 949-824-2174 | * Email: hsobel@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

18. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	22,000.00
b. * Total Federal & Non-Federal Funds	22,000.00
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: 08/01/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

16. 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.	Darlene	K	Sullivan	

* Position/Title:	Contracts and Grants Officer	* Organization:	Regents of the University of California
Department:	Office of Research Admin	Division:	Sponsored Projects
* Street1:	300 University Tower	Street2:	
* City:	Irvine	County:	Orange
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	92697
* Phone Number:	949-824-0341	Fax Number:	949-824-2094
* Email:	dksulliv@uci.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

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

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED November 15, 2007	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-08-MC-06-0003
☑ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: City 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): Prefix: Ms. First Name: Suzanne
City: Sacramento	Middle Name
County: Sacramento	Last Name: Hammer
State: California Zip Code: 95814	Suffix:
Country: USA	Email: hammers@saccounty.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 2 8 2 3 6	Phone Number (give area code): (916) 874-8325 Fax Number (give area code):
8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal. Other (specify)
	9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 1. TITLE (Name of Program) Emergency Shelter Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2008 Emergency Shelter Grant
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: January 1, 2008	Ending Date: December 31, 2008	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	$ 252,099	a. Yes ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2007
b. Applicant	$ 0	
c. State	$ 227,109	
d. Local	$ 432,017	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 0	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 911,225	☐ 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: 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		e. Date Signed: 10-30-07

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Authorized for Local Reproduction

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

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED November 15, 2007		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier B-08-MC-06-0003

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: City 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) Prefix: Mr. / First Name: Geoffrey
City: Sacramento	Middle Name
County: Sacramento	Last Name Ross
State: California / Zip Code 95814	Suffix:
Country: USA	Email: gross@shra.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 2 8 2 3 8	Phone Number (give area code) (916) 440-1322 / Fax Number (give area code) (916) 444-2261

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STATE CLEARING HOUSE

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

Other (specify)

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

Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:
U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 4 - 2 1 8

TITLE (Name of Program):
Community Development Block Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
2008 Community Development Block Grant Projects

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
January 1, 2008	December 31, 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3rd, 4th, 5th, and 11th	3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 5,827,126 .00
b. Applicant	$ 0 .00
c. State	$ 1,089,482 .00
d. Local	$ 7,224,906 .00
e. Other	$ 2,437,859 .00
f. Program Income	$ 678,077 .00
g. TOTAL	$ 17,221,213 .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: November 14, 2007

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix 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 11-7-07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED November 15, 2007	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-08-UC-06-0005	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Sacramento

Organizational DUNS: 139400209

Address:
Street: 630 I Street
City: Sacramento
County: Sacramento
State: California
Zip Code: 95814
Country: USA

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Organizational Unit:
Department: Sacramento Housing and Redevelopment Agency
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Suzanne
Middle Name
Last Name: Hammer
Suffix:
Email: hammers@saccounty.net
Phone Number (give area code): (916) 875-3601
Fax Number (give area code): (916) 874-4343

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000759

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

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

9. NAME OF FEDERAL AGENCY:
U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-231
TITLE (Name of Program): Emergency Shelter Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
2008 Emergency Shelter Grant

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

13. PROPOSED PROJECT
Start Date: January 1, 2008
Ending Date: December 31, 2008

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 3rd, 4th, 5th, and 11th
b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 255,339
b. Applicant	$
c. State	$ 227,109
d. Local	$ 432,017
e. Other	$ 0
f. Program Income	$
g. TOTAL	$ 914,465

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: November 14, 2008
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: 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
e. Date Signed: 10-30-07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED November 15, 2007	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-06-UC-06-0005	

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Sacramento	Organizational Unit:
Organizational DUNS: 139400514	Department: Sacramento Housing and Redevelopment Agency
Address:	Division:
Street: 630 I Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: Mr. / First Name: Geoffrey
County: Sacramento	Middle Name
State: California / Zip Code: 95814	Last Name: Ross
Country: USA	Suffix:
	Email: gross@shra.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000759	Phone Number (give area code): (916) 440-1322 / Fax Number (give area code): (916) 447-2261

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NOV - 7 2007
STATE CLEARING HOUSE

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

Other (specify)

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

Municipal

Other (specify)

9. NAME OF FEDERAL AGENCY:
U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218

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.)*:
County of Sacramento

13. PROPOSED PROJECT

Start Date	Ending Date
January 1, 2008	December 31, 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3rd, 4th, 5th, and 11th	3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 5,887,830.00
b. Applicant	$ .00
c. State	$ 1,124,689.00
d. Local	$ 6,560,729.00
e. Other	$ 2,516,659.00
f. Program Income	$ 273,553.00
g. TOTAL	$ 16,089,907.00

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: November 14, 2007

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix: 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: 11-7-07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED November 5, 2007	Applicant Identifier 7C-2007
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE November 5, 2007	State Application Identifier
☐ Construction	☒ Construction	4. DATE RECEIVED BY FEDERAL AGENCY November 5, 2007	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Fair Association	**Organizational Unit:** Department: Fairplex Operations
Organizational DUNS: 071921746	Division: Operations & Facilities Management
Address: Street: 1101 W. McKinley Avenue	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr. First Name: Dwight
City: Pomona	Middle Name Crayton
County: Los Angeles	Last Name Richards
State: California Zip Code 91768	Suffix:
Country: United States of America	Email: richards@fairplex.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 5 - 1 6 6 0 5 8 5	Phone Number (give area code) (909) 865-4202 Fax Number (give area code) (909) 865-2481
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) Non-Profit 501(c)(5) Other (specify)
	9. NAME OF FEDERAL AGENCY: Economic Development Administration
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 0 TITLE (Name of Program): Public Works and Economic Development	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Fairplex Trade & Conference Center
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Pomona; L.A., Riverside, San Bernardino and Orange Counties; California	
13. PROPOSED PROJECT Start Date: Ending Date:	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 38th/26th b. Project 38th/26th

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15. ESTIMATED FUNDING:

a. Federal	$ 3,000,000.00
b. Applicant	$ 4,400,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 7,400,000.00

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

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/30/07

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative		
Prefix Mr.	First Name Dwight	Middle Name Crayton
Last Name Richards		Suffix
b. Title Vice President Operations		c. Telephone Number (give area code) (909) 865-4202
d. Signature of Authorized Representative		e. Date Signed 10/31/07

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

Application for Federal Assistance SF-424

Version 02

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

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

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

*** Other (Specify)**

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Town of San Anselmo

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 946000413

*** c. Organizational DUNS:** 080120041

d. Address:

*** Street1:** 525 San Anselmo Avenue
Street2:
*** City:** San Anselmo
County:
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 94960

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Town Manager

Organizational Affiliation:

*** Telephone Number:** 415 258-4652
Fax Number:

*** Email:** dstutsman@ci.san-anselmo.ca.us

Post-it® Fax Note 7671
Date 11/8/07 # of pages ▶ 3
To SCH
From Sandy Guldman
Co./Dept.
Co.
Phone # 415-457-9558
Phone #
Fax # 916 323-3018
Fax #

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001034

* Title:

FY2008 Open Rivers Initiative

13. Competition Identification Number:

2078139

Title:

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

State of California, Marin County, Town of San Anselmo

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

Saunders Barrier Removal

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-008 * b. Program/Project: CA-008

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

Add Attachment

17. Proposed Project:

* a. Start Date: 06/01/2008 * b. End Date: 05/31/2010

18. Estimated Funding ($):

* a. Federal	614,230.00
* b. Applicant	14,824.00
* c. State	527,530.00
* d. Local	1,602.00
* e. Other	76,700.00
* f. Program Income	0.00
* g. TOTAL	1,236,886.00

*** 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 11/01/2007.

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: * First Name: Debra

Middle Name:

* Last Name: Stutsman

Suffix:

* Title: Town Manager

* Telephone Number: 415 258-4652 Fax Number:

* Email: dstutsman@ci.san-anselmo.ca.us

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

Debra Stutsman 10-31-07

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

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

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STATE CLEARING HOUSE

* a. Legal Name: Dominican University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
941158525	074664855

d. Address:

* Street1:	50 Acacia Avenue
Street2:	
* City:	San Rafael
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94901-2298

e. Organizational Unit:

Department Name:	Division Name:
Natural Sciences & Mathematics	N/A

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

Prefix:	Ms.	* First Name:	Vania
Middle Name:			
* Last Name:	Coelho		
Suffix:	Ph.D		

Title: Preventing Thermally Induced Coral Bleaching

Organizational Affiliation:

N/A

* Telephone Number:	415-458-3745	Fax Number:	415-482-1972

* Email: vcoelho@dominican.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

O: Private 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-2008-2001019

* Title:

General Coral Reef Conservation

13. Competition Identification Number:

2075859

Title:

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

American Samoa

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

A project to prevent thermally induced coral bleaching through shading in three Pacific Acropora species.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: 00-000

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

Add Attachment

17. Proposed Project:

* a. Start Date: 08/01/2008
* b. End Date: 02/01/2010

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	92,669.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	142,669.00

*** 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 11/01/2007.

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

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

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

☐ Yes ☑ No

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Ms. * First Name: Julia

Middle Name:

* Last Name: Arno

Suffix: JD

* Title: Director, Research and Sponsored Programs

* Telephone Number: 415-257-0141 Fax Number: 415-257-0162

* Email: julia.arno@dominican.edu

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

DOT FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0037
Budget Number:	1 - Budget Pending Approval
Project Information:	Bus stop improv& layover/transfer zone

Part 1: Recipient Information

Project Number:	CA-04-0037
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

RECEIVED
NOV - 9 2007
STATE CLEARING HOUSE

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	cheryl@afscme36.org
Website:	

Recipient ID:	5566

Contact Name:	RAYMOND HUFFER
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@aol.com
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	SUSAN GREENWOOD
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	susan@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	MARSHA STEINBERG
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	marsha@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3202 E. WILLOW STREET
Address 2:	
City:	LONG BEACAH, CA 90806
Contact Name:	JOHN DAVIS
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	JDavis@teamsters911.com

Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	DARRYL HENDERSON
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	JEWEL JUNIOR
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	OLIVIA NELSON
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	KAREN PEDINI

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1563 (DIV. 1, 2, 9)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ROBERT GONZALEZ
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1607 (DIV. 3, 6, 10)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ENRIQUE ORTEGA
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1565 (DIV. 7, 11, 15, 20
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	CHARLES SQUARE
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	3200 WILSHIRE BOULEVARD

Facsimile:	(213) 487-7350
E-mail:	DSheldon@atu1277.com
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	LOCAL 1277
Address 2:	3200 WILSHIRE BOULEVARD
City:	LOS ANGELES, CA 90010 1315
Contact Name:	NEIL SILVER
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	NSilver@atu1277.com
Website:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	$938,395
Project Number:	CA-04-0037	Adjustment Amt:	$0
Project Description:	Bus stop improv& layover/transfer zone	Total Eligible Cost:	$938,395
		Total FTA Amt:	$750,716
Recipient Type:	Transit Authority	Total State Amt:	$0
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total Local Amt:	$187,679
Recipient Contact:	Richard Christie (213) 922-6022	Other Federal Amt:	$0
New/Amendment:	None Specified	Special Cond Amt:	$0
Amend Reason:	Initial Application		
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5309-2	S.C. Eff. Date:	None Specified
State Appl. ID:	None Specified	Est. Oblig Date:	None Specified
Start/End Date:	Sep. 28, 2007 - Aug. 30, 2009	Pre-Award Authority?:	Yes
Recvd. By State:			
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Nov. 05, 2007	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		

APPLICATION FOR OMB FEDERAL ASSISTANCE	2. DATE SUBMITTED 11/3/07	Applicant Identifier
1. TYPE OF SUBMISSION: Application: ☐ Construction ☐ Non-Construction; Preapplication: ☑ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED NOV 13 2007 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: Allan A Usal	Organizational Unit:
Address (give city, county, State, and zip code): 1348 Bertland Court, San Jose, Santa Clara, CA 95131	Name and phone number of person to be contacted on matters involving this application (give area code): (408) 551-8453

6. EMPLOYER IDENTIFICATION NUMBER (EIN): ☐☐ - ☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: (enter appropriate letter in box) 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: ☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: California

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

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Home

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

13. PROPOSED PROJECT:

Start Date	Ending Date
11/15/07	

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project

15. ESTIMATED FUNDING:

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

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

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

☐ b. NO. ☐ PROGRAM IS NOT COVERED BY E. O. 1237

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes ☑ 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	b. Title	c. Telephone Number
Allan A Usal		(408)551-8453

d. Signature of Authorized Representative	e. Date Signed
Allan A Usal	11/07/07