

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2009**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

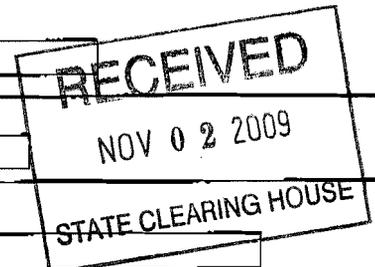
- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_



\* 3. Date Received:

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 Diego State University Research Foundation

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

95-6042721

\* c. Organizational DUNS:

073371316

d. Address:

\* Street1:

5250 Campanile Drive

Street2:

\_\_\_\_\_

\* City:

San Diego

County:

San Diego

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92182-1931

e. Organizational Unit:

Department Name:

Development

Division Name:

Sponsored Research

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 for Sponsored Research Development

Organizational Affiliation:

San Diego State University Research Foundation

\* Telephone Number:

619-594-5731

Fax Number:

619-594-4950

\* 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:**

Department of Commerce

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

11.420

**CFDA Title:**

Coastal Zone Management Estuarine Research Reserves

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

NOAA-NOS-OCRM-2010-2001828

**\* Title:**

National Estuarine Research Reserve Graduate Research Fellowship Program FY 2010

**13. Competition Identification Number:**

2148973

**Title:**

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

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

An assessment and comparison of fish condition and predation risk across levels of restored marsh habitat

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

15. Congressional Districts Of:

\* a. Applicant CA-053

\* b. Program/Project CA-053

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

Attachment buttons: Add Attachment, [Image], [Image]

17. Proposed Project:

\* a. Start Date: 06/01/2010

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

18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	25,716.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,716.00

\* 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 11/02/2009.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title: Director of Research Affairs

\* Telephone Number: 619-594-5938 Fax Number: 619-594-4109

\* Email: awards@foundation.ndsu.edu

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

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 11/3/09	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Families Forward		<b>Organizational Unit:</b> Department: Families Forward Department of Programs	
<b>Organizational DUNS:</b> 610093825		<b>Division:</b> N/A	
<b>Address:</b> Street: 9221 Irvine Blvd		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>City:</b> Irvine	<b>RECEIVED</b>  NOV 03 2009  <b>STATE CLEARING HOUSE</b>	<b>Prefix:</b> Mrs.	<b>First Name:</b> Margie
<b>County:</b> Orange		<b>Middle Name</b>	
<b>State:</b> California		<b>Last Name</b> Wakeham	
<b>Zip Code</b> 92618		<b>Suffix:</b>	
<b>Country:</b> United States		<b>Email:</b> mwakeham@families-forward.org	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 93-0086043	<b>Phone Number (give area code)</b> (949) 552-2727	<b>Fax Number (give area code)</b> (949) 552-2731
---	--	--

<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)	<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> <input type="checkbox"/> Not for Profit Organization Other (specify)
---	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): Supportive Housing Program	<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development
---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Cities	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Transitional Housing Program
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 2/1/10 Ending Date: 1/31/11	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 48 b. Project 48
---	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 73,819 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/3/09
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 \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 22,000 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 95,819 <sup>00</sup>	

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

<b>a. Authorized Representative</b>		
<b>Prefix:</b> Mrs.	<b>First Name</b> Margie	<b>Middle Name</b>
<b>Last Name</b> Wakeham		<b>Suffix</b>
<b>b. Title</b> Executive Director		<b>c. Telephone Number (give area code)</b> (949) 552-2727
<b>d. Signature of Authorized Representative</b> <i>Margie Wakeham</i>		<b>e. Date Signed</b> 11/3/09

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 11/3/09	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Families Forward		<b>Organizational Unit:</b> Department: Families Forward Department of Programs	
Organizational DUNS: 610093825		Division: N/A	
Address: Street: 9221 Irvine Blvd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Irvine		Prefix: Mrs.	First Name:
County: Orange		Middle Name Margie	
State: California		Last Name Wakeham	
Zip Code 92618		Suffix:	
Country: United States		Email: mwakeham@families-forward.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 33-0086043		Phone Number (give area code) (949) 552-2727	Fax Number (give area code) (949) 552-2731
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O. Not for Profit Organization Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-236		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Transitional Housing and Career Education Program	
TITLE (Name of Program): Labor Management Cooperation Program			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Cities			
<b>13. PROPOSED PROJECT</b> Start Date: 9/1/10		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 48	
Ending Date: 6/31/11		b. Project 48	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 132,941	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/3/09	
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	\$		
e. Other	\$ 34,943		
f. Program Income	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
g. TOTAL	\$ 167,884	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix Mrs.	First Name Margie	Middle Name	
Last Name Wakeham		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (949) 552-2727	
d. Signature of Authorized Representative		e. Date Signed 11/3/09	

**RECEIVED**  
 NOV 03 2009  
 STATE CLEARING HOUSE

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier 806743030
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Fort Ord Reuse Authority		Organizational Unit: Fort Ord Reuse Authority	
Address (give city, county, State, and zip code): 100 12th Street, Bldg. 2880 Marina, CA, 93933-6006		Name and telephone number of person to be contacted on matters involving this application (give area code) Mr. Jonathan Mark Garcia 831-883-3872	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> NOV 03 2009 77-0381729		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <b>A</b> 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) _____	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> OEA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 12-607 TITLE: COMMUNITY ECONOMIC ADJUSTMENT ASSISTANCE FOR EST		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Fort Ord	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> State of California, County of Monterey, and City of Seaside			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 1/1/10	Ending Date 5/31/11	a. Applicant 17	b. Project 17
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 460,000 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/03/09	
b. Applicant	\$ 178,230 <sup>00</sup>	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	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 0 <sup>00</sup>		
e. Other	\$ 0 <sup>00</sup>		
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 636,230 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed	

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted 11/16/09	Applicant Identifier NEIFN
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier EPA-OEI-10-01
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Office of Information Management and Analysis Name and telephone of person to be contacted on matters involving this application (give area code): Jarma Bennett 916-341-5532	
10. Catalog of Federal Domestic Assistance Number 66.608 Title: Environmental Information Exchange Network Grant Program		7. Type of Applicant: (enter appropriate letter) <u>  A  </u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date: 7/1/2010 End Date: 6/30/2011		11. Descriptive Title of Applicant's Project: To lay the foundation for data transfer from our state database, California Integrated Water Quality System (CIWQS), to the Integrated Compliance Information System - National Pollutant Discharge Elimination System (ICIS-NPDES), by implementing transfer of an initial set of data. This data is the discharge monitoring report data for NPDES major facilities.	
15. ESTIMATED FUNDING: a. Federal \$150,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$150,000		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: November 3, 2009 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Dorothy Rice		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed: 11/16/09	

**RECEIVED**  
NOV 03 2009

STATE CLEARING HOUSE

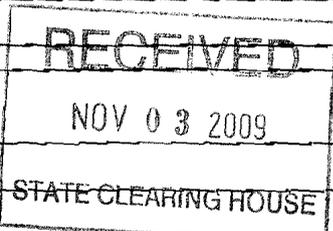
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0004

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/27/2009	Applicant Identifier EX2 011696
<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

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Human Options, Inc.		Department: Business Office	
Organizational DUNS: 806923306		Division:	
Address: Street: P.O. Box 53745		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Irvine		Prefix: Ms	First Name: Irene
County: Orange		Middle Name	
State: CA		Last Name Rausch	
Zip Code 92619	Suffix:		
Country: USA		Email: irausch@humanoptions.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3887817	7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not For Profit Organization Other (specify)
--	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development (HUD)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Supportive Housing Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Second Step/Clients Assistance
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, CA
--

13. PROPOSED PROJECT Start Date: 07/01/2010 Ending Date: 08/30/2011	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-048 b. Project CA-048
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 30,793	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/27/2009
b. Applicant \$ 7,332	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 \$	
g. TOTAL \$ 38,125	

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 Vivian	Middle Name
Last Name Ciecak		Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) 949-737-5242 x 222
d. Signature of Authorized Representative <i>Vivian Ciecak</i>		e. Date Signed 11-2-09

**APPLICATION FOR FEDERAL ASSISTANCE**

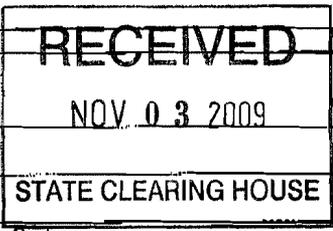
OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/27/2009	Applicant Identifier EX2_011695
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: Human Options, Inc.	Organizational Unit: Department: Business Office
Organizational DUNS: 806923306	Division:
Address: Street: P.O. Box 53745	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Irene
City: Irvine	Middle Name
County: Orange	Last Name Rausch
State: CA	Suffix:
Zip Code 92619	Email: irausch@humanoptions.org



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

9 5 - 3 6 6 7 8 1 7

**8. TYPE OF APPLICATION:**

New  Continuation  Revision

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

Other (specify)

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

Not For Profit Organization  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
Department of Housing and Urban Development (HUD)

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Second Step/Operating

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

1 4 - 2 3 5

TITLE (Name of Program):  
Supportive Housing Program

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

**13. PROPOSED PROJECT**

Start Date: 07/01/2010 Ending Date: 06/30/2011

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant CA-048 b. Project CA-046

**15. ESTIMATED FUNDING:**

a. Federal	\$	111,122 <sup>00</sup>
b. Applicant	\$	31,252 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	142,374 <sup>00</sup>

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

a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/27/2009

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

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.  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 Vivian	Middle Name
Last Name Ciecak	Suffix	
b. Title Chief Executive Officer	c. Telephone Number (give area code) 949-737-5242 x 222	
d. Signature of Authorized Representative <i>Vivian Ciecak</i>	e. Date Signed 11-2-09	

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

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

3. Date Received:

4. Applicant Identifier:

**RECEIVED**

NOV 04 2009

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Redwood Systems, Inc.

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
26-2149526

\*c. Organizational DUNS:  
828744412

**d. Address:**

\*Street 1: 46665 Fremont Blvd  
Street 2: \_\_\_\_\_  
\*City: Fremont  
County: Alameda  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: U.S.  
\*Zip / Postal Code 94538

**e. Organizational Unit:**

Department Name:  
Engineering

Division Name:  
N/A

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

Prefix: \_\_\_\_\_ \*First Name: Mark  
Middle Name: \_\_\_\_\_  
\*Last Name: Covaro  
Suffix: \_\_\_\_\_

Title: CTO

Organizational Affiliation:

\*Telephone Number: 707-939-9958

Fax Number:

\*Email: mcovaro@redwoodsys.com

**Application for Federal Assistance SF-424**

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

DOE

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

81.122 \_\_\_\_\_

CFDA Title:

Electricity Delivery and Energy Reliability Research, Development, and Analysis \_\_\_\_\_

**\*12 Funding Opportunity Number:**

DE-FOA-0000058 \_\_\_\_\_

\*Title:

Smart Grid Investment Grant Program \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

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

Novel Systems Approach to Integrated Lighting Power and Load Control

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: CA-013

\*b. Program/Project: CA-013

**17. Proposed Project:**

\*a. Start Date: 02/01/10

\*b. End Date: 09/31/10

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

*a. Federal	_____	1,616,000
*b. Applicant	_____	1,616,000
*c. State	_____	0
*d. Local	_____	0
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	3,232,000

**\*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 11/03/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Mark \_\_\_\_\_

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

\*Last Name: Covaro \_\_\_\_\_

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

\*Title: CTO

\*Telephone Number: 707-939-9958

Fax Number: \_\_\_\_\_

\* Email: mcovaro@redwoods.com

\*Signature of Authorized Representative: Mark Covaro

\*Date Signed: 11/02/09

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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

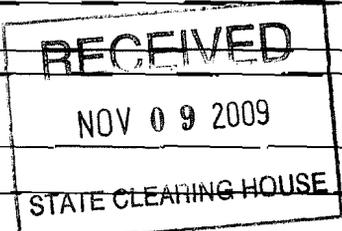
**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. : 0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 11/5/2009	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 11/6/2009	Federal Identifier CA0592B9D020801
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: Orange Coast Interfaith Shelter		Department: N/A	
Organizational DUNS: 807722731		Division: N/A	
Address: Street: 1963 Wallace Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Costa Mesa		Prefix: Ms.	First Name: Laura
County: Orange		Middle Name	
State: California		Last Name Miller	
Zip Code 92627	Suffix:		
Country: USA		Email: Lmiller@ocinterfaithshelter.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3613254		Phone Number (give area code) (949) 631-7213 Ext. 132	Fax Number (give area code) (949) 631-7648
--	--	--	---

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) O. Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-235	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Transitional Housing Program with Supportive Services for Homeless Families with Children.
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County, California	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development (HUD)
--	--

13. PROPOSED PROJECT Start Date: 10/1/2009 Ending Date: 9/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 46 b. Project 47
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 283,129.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/5/2009
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other Found/Private Donations \$ 48,000.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 2,453.00	
g. TOTAL \$ 333,582.00	

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 Ms.	First Name Laura	Middle Name
Last Name Miller		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (949) 631 - 7213 ext. 132
d. Signature of Authorized Representative		e. Date Signed 11/5/2009

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

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

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

<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> <input type="text"/>
--	---

<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>* 5b. Federal Award Identifier:</b> <input type="text"/>
---	--

**State Use Only:**

<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>
--	--

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Santa Barbara County Flood Control & Water Conservation Dist	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">NOV 09 2009</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">STATE CLEARING HOUSE</div>	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 956002833		<b>* c. Organizational DUNS:</b> 010718658
<b>d. Address:</b>		

<b>* Street1:</b>	123 E. ANAPAMU STREET
<b>Street2:</b>	<input type="text"/>
<b>* City:</b>	SANTA BARBARA
<b>County:</b>	<input type="text"/>
<b>* State:</b>	CA: California
<b>Province:</b>	<input type="text"/>
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	93101

**e. Organizational Unit:**

<b>Department Name:</b> PUBLIC WORKS	<b>Division Name:</b> WATER RESOURCES
---	--

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

<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> Karen	
<b>Middle Name:</b> <input type="text"/>		
<b>* Last Name:</b> Sullivan		
<b>Suffix:</b> <input type="text"/>		

<b>Title:</b> Civil Engineer
------------------------------

<b>Organizational Affiliation:</b> <input type="text"/>
--

<b>* Telephone Number:</b> 805-568-3458	<b>Fax Number:</b> 805-568-3434
---	---------------------------------

<b>* Email:</b> ksullivan@cosbpw.net
--------------------------------------

**Application for Federal Assistance SF-424**

Version 02

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

B: County Government

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.463

**CFDA Title:**

Habitat Conservation

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

NORA-NMFS-HCPO-2010-2002086

**\* Title:**

2010 Open Rivers Initiative

**13. Competition Identification Number:**

2162060

**Title:**

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

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

Montecito Creek Channel Modification Project

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="132,900.00"/>
* b. Applicant	<input type="text" value="132,922.75"/>
* 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="265,822.75"/>

**\* 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:

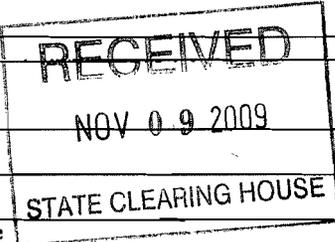
\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 11/06/2009	<b>Applicant Identifier</b> CA7189
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> FR-5200-N-01
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> California Council for Veterans Affairs, Inc.	<b>Organizational Unit:</b> Department: Women and Children First
<b>Organizational DUNS:</b> 158141015	<b>Division:</b>
<b>Address:</b> Street: 2501 W. Florence Avenue	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
<b>City:</b> Los Angeles	<b>Prefix:</b> Ms.
<b>County:</b> Los Angeles	<b>First Name:</b> Margaret
<b>State:</b> California	<b>Middle Name:</b>
<b>Zip Code:</b> 90043	<b>Last Name:</b> Bush-Ware
<b>Country:</b> USA	<b>Suffix:</b>
	<b>Email:</b> mbushware@hotmail.com



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-2861434	<b>Phone Number (give area code)</b> 323-299-9273	<b>Fax Number (give area code)</b> 323-299-0350
---	--	--

<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) 0 - Not for profit organization Other (specify)
--	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Continuum of Care Homeless Assistance Competition	<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Housing & Urban Development
--	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Los Angeles, County of Los Angeles, State of California	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Transitional housing and supportive services for homeless women with minor children, with an emphasis on homeless female veterans.
---	--

<b>13. PROPOSED PROJECT</b> Start Date: 4/1/2010 Ending Date: 3/31/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 33rd CD b. Project: 33rd CD
---	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 136,210.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/06/2009
b. Applicant \$ 95,315.00	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 \$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 45,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 276,531.00	

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

<b>a. Authorized Representative</b>		
<b>Prefix</b> Mr.	<b>First Name</b> Kenneth	<b>Middle Name</b>
<b>Last Name</b> Brooks		<b>Suffix</b>
<b>b. Title</b> Executive Director		<b>c. Telephone Number (give area code)</b> 323-299-9273
<b>d. Signature of Authorized Representative</b> <i>Kenneth Brooks</i>		<b>e. Date Signed</b> 11/09/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application    * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            NOV 10 2009            STATE CLEARING HOUSE         </div>
4. Applicant Identifier:		
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: Hilmar County Water District		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1631145		*c. Organizational DUNS: 006063333
<b>d. Address:</b>		
*Street 1:	8319 Lander Avenue	
Street 2:	PO Box 1080	
*City:	Hilmar	
County:	Merced	
*State:	CA	
Province:		
*Country:	USA	
*Zip / Postal Code	95324	
<b>e. Organizational Unit:</b>		
Department Name: Hilmar County Water District		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Mr.	*First Name: Dale
Middle Name:	Oliver	
*Last Name:	Wickstrom	
Suffix:		
Title:	District Manager	
Organizational Affiliation:		
*Telephone Number: 209-632-3522		Fax Number: 209-632-9701
*Email: dale@hilmarcwd.org		

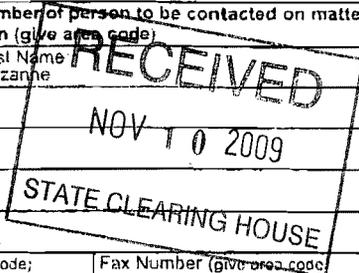
<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>*9. Type of Applicant 1: Select Applicant Type:</b> D. Special District Government <b>Type of Applicant 2: Select Applicant Type:</b>  <b>Type of Applicant 3: Select Applicant Type:</b>  <b>*Other (Specify)</b>	
<b>*10 Name of Federal Agency:</b> USDA	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 10-760 _____ <b>CFDA Title:</b> <u>Water Loan and Grant Program</u>	
<b>*12 Funding Opportunity Number:</b> _____  <b>*Title:</b> _____	
<b>13. Competition Identification Number:</b> _____  <b>Title:</b> _____	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Hillmar County Water District	
<b>*15. Descriptive Title of Applicant's Project:</b> Potable water system improvements to mitigate contaminants	

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: 18th	*b. Program/Project: 18th	
<b>17. Proposed Project:</b>		
*a. Start Date: 09/2010	*b. End Date: 09/2011	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	2,000,000	
*b. Applicant	250,000	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	2,250,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: Mr	*First Name: Dale	
Middle Name: Oliver		
*Last Name: Wickstrom		
Suffix:		
*Title: District Manager		
*Telephone Number: 209-632-3522	Fax Number: 209-632-9701	
* Email: dale@hllmarc wd.org		
*Signature of Authorized Representative: Dale Wickstrom	*Date Signed: 9/22/09	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 15, 2009	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 checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-10-MC-06-0003
<b>5. APPLICANT INFORMATION</b>			
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)	
City Sacramento		Prefix: Ms.	First Name Suzanne
County Sacramento		Middle Name	
State California		Last Name Hammer	
Zip Code 95814	Suffix:		
Country USA		Email hammers@saccounty.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>04-6028238</u>		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) <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: <u>14-231</u> 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.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2010 Emergency Shelter Grant	
13. PROPOSED PROJECT Start Date January 1, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th	
Ending Date December 31, 2010		b. Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 254,622	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, 2009	
b. Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c. State	\$ 494,250	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SFI CTED BY STATE FOR REVIEW	
d. Local	\$ 595,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 136,750	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0		
g. TOTAL	\$ 1,480,622		
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 Toni	Middle Name J.	
Last Name McCre		Suffix	
b. Title Deputy Director, Department of Human Assistance		c. Telephone Number (give area code) (916) 875-3601	
d. Signature of Authorized Representative <i>Toni McCre</i>		e. Date Signed 11/6/09	



**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 15, 2009	Applicant Identifier
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Non-Construction		S-10-UC-06-0005	
<b>5. APPLICANT INFORMATION</b>			
Legal Name		Organizational Unit:	
County of Sacramento		Department Sacramento Housing and Redevelopment Agency	
Organizational DUNS 139400209		Division	
Address		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street 630 I Street		Prefix Ms.	First Name Suzanne
City Sacramento		Middle Name	<b>RECEIVED</b>  NOV 10 2009
County Sacramento		Last Name Hammer	
State California	Zip Code 95814	Suffix:	
Country USA		Email: hammers@saccounty.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  94-3385818		Phone Number (give area code) (916) 875-4325	State Number (give area code) (916) 874-4343
8. TYPE OF APPLICATION:  New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision <input type="checkbox"/> 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:  14-231		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
11. E. (Name of Program) Emergency Shelter Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2010 Emergency Shelter Grant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) County of Sacramento			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date January 1, 2010	Ending Date December 31, 2010	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	\$ 256,943	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, 2009	
b. Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 494,250	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 595,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 136,750	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,482,943		
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 Tom	Middle Name J.	
Last Name Morrison	Suffix		
Title Deputy Director Department of Human Assistance	c. Telephone Number (give area code): (916) 875-3601		
Signature of Authorized Representative	e. Date Signed 11-6-09		

Previous Edition Usable  
Authorized for Local Reproduction

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 15, 2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-10-UC-06-0005
5. APPLICANT INFORMATION			
Legal Name County of Sacramento		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 Mr	First Name Geoffrey
County Sacramento		Middle Name	
State California		Last Name Ross	
Zip Code 95814	Suffix		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-size: 18px; font-weight: bold;">NOV 10 2009</div> <div style="border: 1px solid black; padding: 2px; font-size: 12px; font-weight: bold;">STATE CLEARING HOUSE</div>
Country USA		Email gross@shra.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[3][3][8][5][8][1][8]		Phone Number (give area code) (916) 440-1322	
7. TYPE OF APPLICANT: <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) [ ] [ ]		8. TYPE OF APPLICANT: Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [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.): County of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2010 Community Development Block Grant Projects	
13. PROPOSED PROJECT Start Date January 1, 2010		14. CONGRESSIONAL DISTRICTS OF: a Applicant 3rd, 4th, 5th, and 11th	
Ending Date December 31, 2010		b Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 5,833,913	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 2009	
b Applicant	\$ 0	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ 3,453,620	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 13,014,257	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ 8,349,350	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f Program Income	\$ 187,380	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	\$ 30,838,520	a. Authorized Representative	
		Prefix Ms.	First Name La Shelle
		Middle Name	
		Last Name Dozier	
		Suffix	
		b. Title Executive Director	
		c. Telephone Number (give area code) (916) 440-1319	
		d. Signature of Authorized Representative <i>La Shelle Dozier</i>	
		e. Date Signed 11/10/2009	

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 15, 2009	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-10-MC-06-0003
5. APPLICANT INFORMATION				
Legal Name City of Sacramento		<b>RECEIVED</b>  NOV 10 2009  <b>STATE CLEARING HOUSE</b>		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
City Sacramento		Middle Name		First Name: Geoffrey
County Sacramento		Last Name Ross		
State California		Zip Code 95814		Suffix:
Country USA		Email: gross@shra.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  94-6028238		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) <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:  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: 2010 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2010 Ending Date: December 31, 2010		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	\$ 5,793,772	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, 2009		
b Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c State	\$ 6,353,620	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d Local	\$ 8,652,726	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e Other	\$ 2,373,802	<input type="checkbox"/> Yes. If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
f Program Income	\$ 136,594			
g TOTAL	\$ 23,320,514			
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 LaShelle	Middle Name		
Last Name Doster	Suffix			
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative 		e. Date Signed 11/10/2009		

**APPLICATION FOR FEDERAL ASSISTANCE**

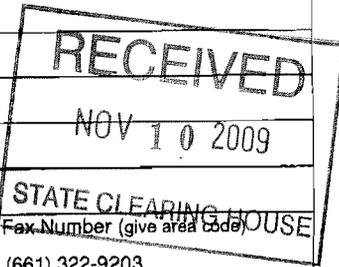
OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	<b>2. DATE SUBMITTED</b> 11/10/09	Applicant Identifier
	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Alliance Against Family Violence and Sexual Assault	<b>Organizational Unit:</b> Department:
Organizational DUNS: 825144306	Division:
<b>Address:</b> Street: 1921 19th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Louis
City: Bakersfield	Middle Name
County: Kern	Last Name Gill
State: California	Zip Code 93301
Country: USA	Suffix:
	Email: lbjll@bakhc.com
	Phone Number (give area code) (661) 322-9199
	Fax Number (give area code) (661) 322-9203



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

95-3604240

**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)

Not for Profit  
 Other (specify)

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

14-235

TITLE (Name of Program):  
Supportive Housing Program (SHP)

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

Alliance Transitional Housing Project

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

County of Kern and Bakersfield, CA

**13. PROPOSED PROJECT**

Start Date: Ending Date:

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 20 & 22    b. Project 20 & 22

**15. ESTIMATED FUNDING:**

a. Federal	\$	455,842 <sup>00</sup>
b. Applicant	\$	140,412 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	596,254 <sup>00</sup>

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

a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: 11/10/09  
 b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes If "Yes" attach an explanation.   
  No

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

**a. Authorized Representative**

Prefix	First Name Louis	Middle Name
Last Name Gill	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (661) 322-9199	
d. Signature of Authorized Representative	e. Date Signed 11/10/09	

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 11/09/2009	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b> State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Women's Center ~ High Desert, Inc.	<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold;">NOV 10 2009</div> <div style="border: 1px solid black; padding: 5px; font-size: 14px; font-weight: bold;">STATE CLEARING HOUSE</div>	<b>Organizational Unit:</b> Department: Women's Shelter Network
Organizational DUNS: 168982809		Division: Project HOPE Transitional Housing
<b>Address:</b> Street: 134 S. China Lake Boulevard		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms.
City: Ridgecrest		First Name: Carol
County: Kern		Middle Name
State: CA	Zip Code: 93555-4026	Suffix:
Country: USA	Email: womenscenter.hd@verizon.net	

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

<div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">-</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">7</div> <div style="border: 1px solid black; padding: 2px;">8</div> <div style="border: 1px solid black; padding: 2px;">6</div>	Phone Number (give area code) 760-371-1969	Fax Number (give area code) 760-371-3449
---	---	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Supportive Housing Program (SHP)	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Project HOPE ~ Housing Opportunities for a Peaceful Environment Transitional Housing for domestic violence victims and their families for up to six months. We also provide housing for women and their children not from a domestic violence environment on a space available basis for up to six months.
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> East Kern County	

<b>13. PROPOSED PROJECT</b> Start Date: 07/01/2010	Ending Date: 06/30/2013	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 22	b. Project 22
--	----------------------------	--	------------------

<b>16. ESTIMATED FUNDING:</b>	<b>18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 336,000 <sup>00</sup>	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/09/2009
b. Applicant \$ 106,690 <sup>00</sup>	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 \$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
d. Local \$ <sup>00</sup>	
e. Other \$ <sup>00</sup>	
f. Program Income \$ <sup>00</sup>	
g. TOTAL \$ 442,690 <sup>00</sup>	

**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 Carol	Middle Name
Last Name Beecroft		Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) 760-371-1969
d. Signature of Authorized Representative <i>Carol Beecroft</i>		e. Date Signed 11/09/2009

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Redacted]

\* Other (Specify)

[Redacted]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

\* 5b. Federal Award Identifier:

[Redacted]

RECEIVED

NOV 12 2008

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

\* a. Legal Name:

San Francisco State University

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

93-1137247

\* c. Organizational DUNS:

942514965

d. Address:

\* Street1:

1600 Holloway Ave.

Street2:

[Redacted]

\* City:

San Francisco

County:

San Francisco

\* State:

CA: California

Province:

[Redacted]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94132

e. Organizational Unit:

Department Name:

Research & Sponsored Programs

Division Name:

Academic Affairs

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

Prefix:

[Redacted]

\* First Name:

Candy

Middle Name:

[Redacted]

\* Last Name:

Mou

Suffix:

[Redacted]

Title:

Grants Administrator

Organizational Affiliation:

Research and Sponsored Programs

\* Telephone Number:

415-405-4223

Fax Number:

415-338-0531

\* Email:

candymoo@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:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.810

CFDA Title:

National Cooperative Geologic Mapping Program

\* 12. Funding Opportunity Number:

10HQPA0004

\* Title:

EDMAP - The Educational Component of the National Cooperative Geologic Mapping Program

13. Competition Identification Number:

10HQPA0004

Title:

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

California

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

Geological mapping of the offshore Bodega Basin west of Point Reyes, California: implications for initiation and evolution of the San Andreas Fault system

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="1,436.00"/>
* b. Applicant	<input type="text" value="14,828.00"/>
* 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="32,254.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

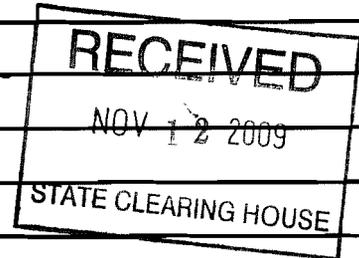
\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
3. Date Received:		4. 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: BEYOND SHELTER		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4197075		*c. Organizational DUNS: 603524117
d. Address:		
*Street 1: <u>1200 WILSHIRE BOULEVARD, SUITE 800</u>		
Street 2: _____		
*City: <u>LOS ANGELES</u>		
County: <u>LOS ANGELES</u>		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code <u>90017</u>		
e. Organizational Unit:		
Department Name: PROGRAMS DEPARTMENT		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: <u>CHRISTINE</u>	
Middle Name: _____		
*Last Name: <u>MIRASY-GLASCO</u>		
Suffix: _____		
Title: <u>EXECUTIVE DIRECTOR/COO</u>		
Organizational Affiliation:		
*Telephone Number: (213) 252-0772		Fax Number: (213) 480-0846
*Email: <u>Cglasco@beyondshelter.org</u>		



**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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

14.235

CFDA Title:

SUPPORTIVE HOUSING PROGRAM

**\*12 Funding Opportunity Number:**

FR-5220-N-01

\*Title:

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

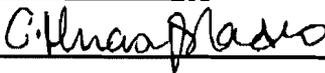
Title:

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

CITY OF LOS ANGELES, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

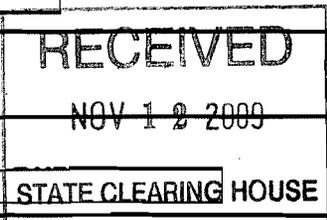
**\*15. Descriptive Title of Applicant's Project:**

SOUTH CENTRAL FAMILY TRANSITION PROGRAM

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-034	*b. Program/Project: CA-035	
<b>17. Proposed Project:</b>		
*a. Start Date: 12/1/2009	*b. End Date: 11/30/2010	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	\$141,911
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	\$33,788
*f. Program Income	_____	
*g. TOTAL	_____	\$175,699
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>CHRISTINE</u>	
Middle Name: _____		
*Last Name: <u>MIRASY-GLASCO</u>		
Suffix: _____		
*Title: EXECUTIVE DIRECTOR/COO		
*Telephone Number: (213) 252-0772	Fax Number: (213) 480-0846	
* Email: cglasco@beyondshelter.org		
*Signature of Authorized Representative: 		*Date Signed: _____

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

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



<p>* 3. Date Received: Completed by Grants.gov upon submission.</p>	<p>4. Applicant Identifier: <input type="text"/></p>
<p>5a. Federal Entity Identifier: <input type="text"/></p>	<p>* 5b. Federal Award Identifier: <input type="text"/></p>

**State Use Only:**

<p>6. Date Received by State: <input type="text"/></p>	<p>7. State Application Identifier: <input type="text"/></p>
--	--

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-3302335"/></p>	<p>* c. Organizational DUNS: <input type="text" value="078690836"/></p>
--	---

**d. Address:**

* Street1:	<input type="text" value="580 Vallombrosa Ave."/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Chico"/>
County:	<input type="text" value="Butte"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95926"/>

**e. Organizational Unit:**

<p>Department Name: <input type="text"/></p>	<p>Division Name: <input type="text"/></p>
--	--

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

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Julie"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Rentner"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

<p>* Telephone Number: <input type="text" value="209/521-1700 x 23"/></p>	<p>Fax Number: <input type="text" value="209/521-7327"/></p>
---	--

\* Email:

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:**

Bureau of Reclamation - Mid-Pacific Region

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

15.512

**CFDA Title:**

Central Valley Project Improvement Act, Title XXIV

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

R10AF20001

**\* Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

**13. Competition Identification Number:**

**Title:**

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

Stanislaus County, California

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

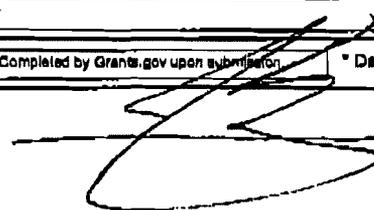
Riparian Restoration on the San Joaquin River National Wildlife Refuge - Riparian Brush Rabbit Refugia

Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-002"/>	* b. Program/Project <input type="text" value="CA-019"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachments"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2010"/>	* b. End Date: <input type="text" value="09/30/2012"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="792,755.00"/>	
* b. Applicant	<input type="text" value="0"/>	
* c. State	<input type="text" value="0"/>	
* d. Local	<input type="text" value="0"/>	
* e. Other	<input type="text" value="0"/>	
* f. Program Income	<input type="text" value="0"/>	
* g. TOTAL	<input type="text" value="792,755.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="11/12/2009"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<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>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="John"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Carlson"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="President"/>	
* Telephone Number:	<input type="text" value="530/894-5401"/>	Fax Number: <input type="text" value="530/894-2970"/>
* Email:	<input type="text" value="jcarlson@riverpartners.org"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission"/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission"/>

Authorized for Local Reproduction



11/12/2009 Standard Form 424 (Revised 10/2006)  
Prescribed by OMB Circular A-102

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>NOV 12 2009</p> <p>STATE CLEARING HOUSE</p> </div>
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>6. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="River Partners"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-3302335"/>	* c. Organizational DUNS: <input type="text" value="078690836"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="580 Vallombrosa Ave."/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="Chico"/>	<input type="text"/>	
County: <input type="text" value="Butte"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="95926"/>	<input type="text"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Amanda"/>	
Middle Name: <input type="text" value="B."/>	<input type="text"/>	
* Last Name: <input type="text" value="Freeman"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Deputy Director"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="530/894-5401 ext. 221"/>	Fax Number: <input type="text" value="530/894-2970"/>	
* Email: <input type="text" value="afreeman@riverpartners.org"/>		

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

**Application for Federal Assistance SF-424**

**Version 02**

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

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

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

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

**\* Other (specify):**

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

Bureau of Reclamation - Mid-Pacific Region

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

15.512

**CFDA Title:**

Central Valley Project Improvement Act, Title XXIV

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

R10AF20001

**\* Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

**13. Competition Identification Number:**

**Title:**

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

City of Modesto, Stanislaus County, California

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

Don Rios Ranch Land Acquisition and Riparian Restoration Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

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

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
----------------------	---	--	--

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	1,000,000.00
* b. Applicant	132,835.00
* c. State	15,408,174.00
* d. Local	0.00
* e. Other	11,126,080.00
* f. Program Income	0.00
* g. TOTAL	27,667,089.00

**\* 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:

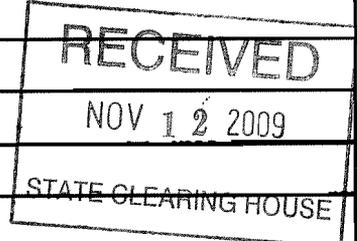
\* Signature of Authorized Representative:  \* Date Signed:

Authorized for Local Reproduction

*signed*

*11/12/2009*  
*date*

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    * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation            *Other (Specify) _____ <input type="checkbox"/> Revision
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b> 6. Date Received by State:                      7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b> *a. Legal Name: The Nature Conservancy		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 53-0242652		*c. Organizational DUNS: 072656630
<b>d. Address:</b> *Street 1: <u>201 Mission St., 4<sup>th</sup> Floor</u> Street 2: _____ *City: <u>San Francisco, CA</u> County: <u>San Francisco</u> *State: <u>CA</u> Province: _____ *Country: <u>USA</u> *Zip / Postal Code <u>94105</u>		
<b>e. Organizational Unit:</b> Department Name:                      Division Name: Central Valley & Mountains Region      Lassen Foothills Project		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b> Prefix: _____                      *First Name: <u>Jake</u> Middle Name: _____ *Last Name: <u>Jacobson</u> Suffix: _____ Title: <u>Project Director</u> Organizational Affiliation: _____ *Telephone Number: (530) 897-6370 ext. 207                      Fax Number: (530) 342-0257 *Email: <u>jjacobson@tnc.org</u>		



**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Bureau of Reclamation - Mid-Pacific Region

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

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXIV

**\*12 Funding Opportunity Number:**

R10AF20001

\*Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

**13. Competition Identification Number:**

Title:

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

Tehama County, CA

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

Peek Property Conservation Easement Acquisition

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-002

**17. Proposed Project:**

\*a. Start Date: 3/1/10

\*b. End Date: 1/31/11

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

*a. Federal	Federal: \$500,000
*b. Applicant	Applicant: \$0
*c. State	State: \$350,000
*d. Local	Other: \$583,004
*e. Other	
*f. Program Income	Program Income: \$0
*g. TOTAL	Total: \$1,433,004

**\*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 11/12/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Jake

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

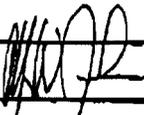
\*Last Name: Jacobson

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

\*Title: Project Director

\*Telephone Number: ((530) 897-6370 ext. 207

Fax Number: (530) 342-0257

\* Email: jjacobson@tnc.org\*Signature of Authorized Representative: \*Date Signed: 11/12/09

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:  
 Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:  
 New  
 Continuation  
 Revision

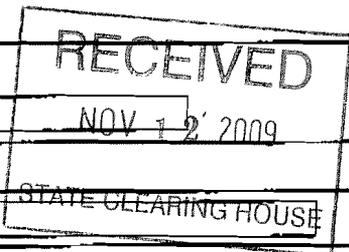
\* If Revision, select appropriate letter(s):  
\_\_\_\_\_  
\* Other (Specify):  
\_\_\_\_\_

\* 3. Date Received:  
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: San Francisco State University

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
93-1137247

\* c. Organizational DUNS:  
942514985

d. Address:

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

e. Organizational Unit:

Department Name:  
Research & Sponsored Programs

Division Name:  
Academic Affairs

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

Prefix: \_\_\_\_\_ \* First Name: Candy  
Middle Name: \_\_\_\_\_  
\* Last Name: Mou  
Suffix: \_\_\_\_\_

Title: Grants Administrator

Organizational Affiliation:  
Research and Sponsored Programs

\* Telephone Number: 415-405-4229 Fax Number: 415-338-0531

\* Email: candymoo@sfsu.edu

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="17,488.00"/>
* b. Applicant	<input type="text" value="15,277.00"/>
* 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="32,765.00"/>

\* 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: