Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

RECEIVED
NOV 19 2008
STATE CLEARING HOUSE

5. APPLICANT INFORMATION * Organizational DUNS: 828744412

* Legal Name: Redwood Systems
Department: Division:
* Street1: 46665 Fremont Blvd Street2:
* City: Fremont County: Alameda * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 94538-6410

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Jeremy	Edward	Stieglitz	

* Phone Number: 6505752317 Fax Number: 9259842648 Email: jeremy@redwoodsys.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 262149526

7. * TYPE OF APPLICANT: R: Small Business

Other (Specify):

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

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

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

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

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Auto-Commissioning and Auto-Discovery Control System for Solid State Lighting

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

13. PROPOSED PROJECT:
* Start Date: 01/15/2009 * Ending Date: 07/15/2009

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-013 b. * Project: CA-013

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Mark		Covaro	

Position/Title: Chief Technology Officer * Organization Name: Redwood Systems, Inc.
Department: Engineering Division:
* Street1: 46665 Fremont Blvd Street2:
* City: Fremont County: Alameda * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 94538-6410
* Phone Number: 7079399958 Fax Number: 9259842648 * Email: mcovaro@redwoodsys.com

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	99,260.00
b. * Total Federal & Non-Federal Funds	99,260.00
c. * Estimated Program Income	0.00

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

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

DATE: 11/19/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Jeremy	Edward	Stieglitz	

* Position/Title:	VP Marketing	* Organization:	Redwood Systems
Department:		Division:	
* Street1:	46665 Fremont Blvd	Street2:	
* City:	Fremont	County:	Alameda
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	94538-6410
* Phone Number:	6505752317	Fax Number:	9259842646
* Email:	jeremy@redwoodsys.com		

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

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

20. Pre-application [illegible]

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

[illegible]

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

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

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

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	09-013

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

State Use Only:

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

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NOV 19 2008
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: San Joaquin Valley Unified Air Pollution Control District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0262563	786808394

d. Address:

* Street1: 1990 East Gettysburg Avenue
Street2:
* City: Fresno
County: Fresno
* State: CA: California
Province:
* Country: USA: United States
* Zip / Postal Code: 93726-0244

e. Organizational Unit:

Department Name:	Division Name:
Administration	Administrative Services Division

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

Prefix: Mr. * First Name: Ryan
Middle Name: L.
* Last Name: Kincaid
Suffix:

Title: Accountant II

Organizational Affiliation:

* Telephone Number: (559) 230-6020 Fax Number: (559) 230-6063

* Email: ryan.kincaid@valleyair.org

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

EPA - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.709

CFDA Title:

Multi-Media Capacity Building Grants for States and Tribes

*** 12. Funding Opportunity Number:**

EPA-OECA-NPMAS-08-001

* Title:

FY 08 Multi-Media Grant Program Solicitation Notice

13. Competition Identification Number:

Title:

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

Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare County.

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

Title V Report Electronic Submission and Pre-Screening Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

CA-011, 018, 019, 020, 021, 022 | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2008
* b. End Date: 01/31/2011

18. Estimated Funding ($):

* a. Federal	$200,000.00
* b. Applicant	$54,271.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$254,271.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/18/2008.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

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

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Seyed
Middle Name:	
* Last Name:	Sadredin
Suffix:	
* Title:	Executive Director / A.P.C.O.
* Telephone Number:	(559) 230-6020
Fax Number:	
* Email:	seyed.sadredin@valleyair.org
* Signature of Authorized Representative:	
* Date Signed:	11/18/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

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STATE CLEARING HOUSE

5. APPLICANT INFORMATION * Organizational DUNS: 055752331

* Legal Name: The University Corporation
Department: Division:
* Street1: 18111 Nordhoff St. Street2:
* City: Northridge County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 91330-8232

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Scott		Perez	

* Phone Number: 818-677-2901 Fax Number: 818-677-4691 Email: scott.perez@csun.edu

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-1992732

7. * TYPE OF APPLICANT: S: Hispanic-serving Institution

Other (Specify):

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

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

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

9. * NAME OF FEDERAL AGENCY: DOT - FAA Aviation Research Grants

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20.108
TITLE: Aviation Research Grants

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Redundant Array of Inexpensive Sensors for Small Airport Wind Shear Detection

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

13. PROPOSED PROJECT:
* Start Date: 06/01/2009 * Ending Date: 05/31/2010

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-027 b. * Project: CA-027

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Ronald		Mehler	

Position/Title: Professor * Organization Name: California State University, Northridge
Department: Electrical and Computer Engr Division: Engineering & Computer Science
* Street1: 18111 Nordhoff St. Street2:
* City: Northridge County: Los Angeles * State: CA: Califon
Province: * Country: JNITED ST * ZIP / Postal Code: 91330-8346
* Phone Number: 818 677 2495 Fax Number: * Email: rmehler@csun.edu

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

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	78,233.00
b. * Total Federal & Non-Federal Funds	78,233.00
c. * Estimated Program Income	0.00

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

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

DATE: 11/20/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ * I agree

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Scott		Perez	

* Position/Title:	Director of Research	* Organization:	California State University, Northridge
Department:		Division:	
* Street1:	18111 Nordhoff St.	Street2:	
* City:	Northridge	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	91330-8232
* Phone Number:	818-677-2901	Fax Number:	818-677-4691
* Email:	scott.perez@csun.edu		

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

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

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

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

Add Attachment | Delete Attachment | View Attachment

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Pre-application: ☐ Construction ☒ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Foundation of California State University Monterey Bay

Organizational Unit: Department: School of Business; Division: College of Professional Studies

Organizational DUNS: 082412920

Address: Street: 100 Campus Center; City: Seaside; County: Monterey; State: California; Zip Code: 93955; Country: United States of America

Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: ; First Name: Cynthia; Middle Name: E.; Last Name: Lopez; Suffix: ; Email: cindy_lopez@csumb.edu; Phone Number (give area code): (831) 582-3089; Fax Number (give area code): (831) 582-3305

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0387459

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) X

Other (specify): Non-profit auxiliary to a state-controlled IHE

9. NAME OF FEDERAL AGENCY: Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307

TITLE (Name of Program): Economic Adjustment

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning for the Institute for Innovation and Economic Development

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

13. PROPOSED PROJECT Start Date: 1/1/09; Ending Date: 6/30/10

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17; b. Project 17

15. ESTIMATED FUNDING:

a. Federal	$ 180,000.00
b. Applicant	$ 180,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 360,000.00

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

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/17/08

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: Cynthia; Middle Name: E.; Last Name: Lopez; Suffix: ;

b. Title: Director, Grants and Contracts; c. Telephone Number (give area code): 831-582-3089

d. Signature of Authorized Representative: Cynthia E. Lopez; e. Date Signed: 11/14/08

Dianne F. Harrison 11/14/08

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

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify) _____

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001347

*c. Organizational DUNS: 02122 5490

d. Address:

*Street 1: P.O. Box 942054
Street 2: 1800 3rd Street, MS 390-8
*City: Sacramemto
County: Sacramento
*State: California
Province:
*Country:
*Zip / Postal Code 94252

e. Organizational Unit:

Department Name: Dept. of Housing and Community Development

Division Name: Financial Assistance - Office of Migrant Services

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

Prefix: Mr.
*First Name: Arturo
Middle Name:
*Last Name: Rodriguez
Suffix:

Title: Program Manager

Organizational Affiliation:

*Telephone Number: 916-327-3622
Fax Number: 916-319-8488

*Email: arodriguez@hcd.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Dept. of Agriculture Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10.405/10.427

CFDA Title:

FmHA 514/516 Farm Labor Housing

***12 Funding Opportunity Number:**

MBL-SF424FAMILY - ALLFORMS

Title:

MBL-SF424Family - AllForms

13. Competition Identification Number:

Title:

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

Davis, Yolo County, California

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

Plumbing, new well and gejnerator, security doors, ADA requirements

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

Application for Federal Assistance SF-424 Version 02

6. Congressional Districts Of:

*a. Applicant: 5 *b. Program/Project: 1

17. Proposed Project:

*a. Start Date: 1/2/09 *b. End Date: 7/1/09

18. Estimated Funding ($):

*a. Federal	$1,000,000.00
*b. Applicant	$100,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$1,100,000.00

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

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

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Chris

Middle Name:

*Last Name: Westlake

Suffix:

*Title: Deputy Director

*Telephone Number: 916-322-2082 Fax Number: 916-327-6660

* Email: cwestlake@hcd.ca.gov

*Signature of Authorized Representative: Chris Westlake *Date Signed: 5/9/0.

Department of Housing and Community Development
Office of Migrant Services
Location of Migrant Centers in California

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 11/14/08	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:
Application: ☑ Construction ☐ Non-Construction
Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: SANTA ROSA BAND OF CAHUILLA INDIANS
Organizational Unit:
Department: WATER DEPT.
Organizational DUNS: 795808059
Division:
Address:
Street: P.O. BOX 609
City: HEMET
County: RIVERSIDE
State: CALIFORNIA
Zip Code: 92546
Country: USA
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: MR. First Name: TERRANCE
Middle Name: LEE
Last Name: HUGHES
Suffix:
Email: T.KENTUCKY@AOL.COM

RECEIVED NOV 24 2008 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0874605
Phone Number (give area code): (951) 658-5311
Fax Number (give area code): (951) 656-6733

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)
INDIAN TRIBE
Other (specify)

9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 00-770
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY WATER DIST. SYSTEM REPLACEMENT

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SANTA ROSA INDIAN RESERVATION, RIVERSIDE CA.

13. PROPOSED PROJECT
Start Date: TBD
Ending Date: 4 YRS FROM START DATE

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

15. ESTIMATED FUNDING:

a. Federal	$ 1,560,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,560,000.00

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

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

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

a. Authorized Representative
Prefix: MR. First Name: TERRANCE Middle Name: LEE
Last Name: HUGHES Suffix
b. Title: TRIBAL ADMINISTRATOR
c. Telephone Number (give area code): (951) 658-5311
d. Signature of Authorized Representative: Terrance L. Hughes
e. Date Signed: 11/14/08

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: City of Corning	Organizational Unit: Department: Public Works
Organizational DUNS:	Division: Engineering
Address: Street: 794 Third Street	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: 530/824-7029; First Name: Stephen
City: Corning	Middle Name: J.
County: Tehama	Last Name: Kimbrough
State: CA; Zip Code: 96021	Suffix:
Country: USA	Email: stevek@corning.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 3 1 7	Phone Number (give area code): 530/824-7033; Fax Number (give area code): 530/824-2489

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8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) "C" Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA-RD
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct Municipal Water Well, Pump, Controls, Stand-by Power, Building and related piping and valves, for domestic consumption
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Corning	
13. PROPOSED PROJECT: Start Date: 4/1/2009; Ending Date: 10/1/2009	14. CONGRESSIONAL DISTRICTS OF: a. Applicant; b. Project

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	$	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$	
c. State	$	
d. Local	$	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	$ 578,000	☐ 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: Stephen	Middle Name: J.
Last Name: Kimbrough		Suffix
b. Title: City Manager		c. Telephone Number (give area code): 530/824-7033
d. Signature of Authorized Representative		e. Date Signed

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

Item 1.a
Form 424
Application for Federal Assistance

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED / /

Applicant Identifier

3. DATE RECEIVED BY STATE / /

State Application Identifier

4. Federal Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

5. APPLICANT INFORMATION *** Organizational DUNS:** 055752331

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* Legal Name: The University Corporation, CSU Northridge

Department: Division:

* Street1: 18111 Nordhoff Street Street2:

* City: Northridge County: Los Angeles * State: CA: Californ

Province: * Country: UNITED ST * ZIP / Postal Code: 91330-8232

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Scott		Perez	

* Phone Number: 818-677-2901 Fax Number: 818-677-4691 Email: scott.perez@csun.edu

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

95-1892732

7. * TYPE OF APPLICANT:

S: Hispanic-serving Institution

Other (Specify):

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

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

☐ D. Decrease Duration ☐ E. Other *(specify)*

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

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Transport, thermal, and optical properties of semiconducting nanosolids and nanostructured carbon composites

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

Los Angeles

13. PROPOSED PROJECT:

* Start Date	* Ending Date
08/01/2009	08/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
27	27

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Igor		Beloborodov	

Position/Title: Assistant Professor * Organization Name: California State University, Northridge

Department: Physics & Astronomy Division: Science and Mathematics

* Street1: 18111 Nordhoff Street Street2:

* City: Northridge County: Los Angeles * State: CA: Californ

Province: * Country: UNITED ST * ZIP / Postal Code: 91330-8268

* Phone Number: 818-677-2775 Fax Number: 818-677-3234 * Email: igor.beloborodov@csun.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2009

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	242,638.00
b. * Total Federal & Non-Federal Funds	242,638.00
c. * Estimated Program Income	0.00

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

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

DATE: 11/30/2008

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

☑ *** I agree**

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

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mr.	Scott		Perez	

* Position/Title:	Director, Research & Sponsored Projects	* Organization:	California State University, Northridge
Department:		Division:	
* Street1:	18111 Nordhoff Street	Street2:	
* City:	Northridge	County:	Los Angeles
* State:	CA: Californ	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	91330-8232
* Phone Number:	818-677-2901	Fax Number:	818-677-4691
* Email:	scott.perez@csun.edu		

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

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

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

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

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008