

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 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.

## 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:

RECEIVED

NOV 16 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:

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:

San Francisco

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

94132

## e. Organizational Unit:

## Department Name:

Research &amp; 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:

415-405-4223

## 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.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-012

\* b. Program/Project CA-012

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

17. Proposed Project:

\* a. Start Date: 04/01/2010

\* b. End Date: 03/31/2011

18. Estimated Funding (\$):

* a. Federal	17,426.00
* b. Applicant	14,828.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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 11/10/2009 .  
 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 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: Alison  
Middle Name:   
\* Last Name: Sanders  
Suffix:

\* Title: Director, Office of Research

\* Telephone Number: 415-405-3943 Fax Number: 415-338-0531

\* Email: asanders@sfsu.edu

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

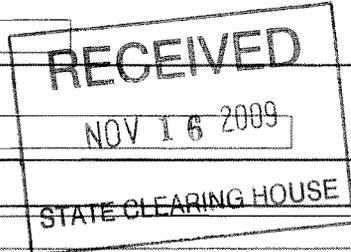
Application for Federal Assistance SF-424

Version 02

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

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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Stewards of the Coast and Redwoods	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3039895	* c. Organizational DUNS: 948081088

d. Address:

* Street1: P.O. Box 2
Street2: _____
* City: Duncans Mills
County: Sonoma
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95430-0002

e. Organizational Unit:

Department Name: _____	Division Name: _____
------------------------	----------------------

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

Prefix: Mr.	* First Name: Brendan
Middle Name: _____	
* Last Name: O'Neil	
Suffix: _____	
Title: Senior Environmental Scientist	
Organizational Affiliation: California State Parks	
* Telephone Number: 707-865-3129	Fax Number: _____
* Email: boneil@parks.ca.gov	

Application for Federal Assistance SF-424

Version 02

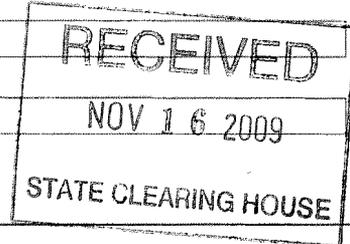
9. Type of Applicant 1: Select Applicant Type:

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:

11.463

CFDA Title:

Habitat Conservation

\* 12. Funding Opportunity Number:

NOAA-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:

Willow Creek Road 2nd Bridge Area Fish Passage Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-006	* b. Program/Project CA-006
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="text"/> <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	06/01/2010	* b. End Date: 06/01/2012
18. Estimated Funding (\$):		
* a. Federal	498,341.00	
* b. Applicant	3,480.00	
* c. State	391,960.00	
* d. Local	0.00	
* e. Other	5,177.00	
* f. Program Income	0.00	
* g. TOTAL	898,958.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 11/14/2009.		
<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.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
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.		
Authorized Representative:		
Prefix:	Ms.	* First Name: Michele
Middle Name:		
* Last Name:	Luna	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	(707) 869-9177 X4#	Fax Number: (707) 869-8252
* Email:	mluna@mcn.org	
* Signature of Authorized Representative:		* Date Signed:
	Completed by Grants.gov upon submission	Completed by Grants.gov upon submission

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

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):</p> <input type="text"/>  <p>* Other (Specify):</p> <input type="text"/> </td> </tr> </table>			<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):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
<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):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>			
<p>* 3. Date Received:</p> <input type="text" value="11/16/2009"/>		<p>4. Applicant Identifier:</p> <input type="text"/>			
<p>5a. Federal Entry Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>			
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">NOV 16 2009</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div>					
<b>State Use Only:</b>					
<p>6. Date Received by State:</p> <input type="text"/>		<p>7. State Application Identifier:</p> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<p>* a. Legal Name: <input type="text" value="Santa Barbara County Flood Control &amp; Water Conservation Dist"/></p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="956002833"/>		<p>* c. Organizational DUNS:</p> <input type="text" value="010718658"/>			
<b>d. Address:</b>					
<p>* Street1: <input type="text" value="123 East Anapamu Street"/></p> <p>Street2: <input type="text"/></p> <p>* City: <input type="text" value="Santa Barbara"/></p> <p>County: <input type="text"/></p> <p>* State: <input type="text" value="CA: California"/></p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text" value="USA: UNITED STATES"/></p> <p>* Zip / Postal Code: <input type="text" value="93101"/></p>					
<b>e. Organizational Unit:</b>					
<p>Department Name:</p> <input type="text" value="Public Works"/>		<p>Division Name:</p> <input type="text" value="Water Resources"/>			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<p>Prefix: <input type="text" value="Ms."/> * First Name: <input type="text" value="Karen"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text" value="Sullivan"/></p> <p>Suffix: <input type="text"/></p> <p>Title: <input type="text" value="Civil Engineer"/></p> <p>Organizational Affiliation: <input type="text"/></p> <p>* Telephone Number: <input type="text" value="805-568-3458"/> Fax Number: <input type="text" value="805-568-3434"/></p> <p>* Email: <input type="text" value="ksulliv@coabpw.net"/></p>					

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:**

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:**

NOAA-NMFS-HCPO-2010-2002066

**\* Title:**

2010 Open Rivers Initiative

**13. Competition Identification Number:**

2162060

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

Carpinteria City, Santa Barbara County, California

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

Lillingston Canyon Debris Basin Modification Project - Restoring endangered steelhead trout habitat by removing an in-stream migration barrier.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

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

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

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

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

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

* a. Federal	100,912.30
* b. Applicant	55,644.98
* c. State	0.00
* d. Local	0.00
* e. Other	298,616.00
* f. Program Income	0.00
* g. TOTAL	455,173.28

**\* 18. 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 210, Section 1001)**  
 \*\* I AGREE  
 \*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

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

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

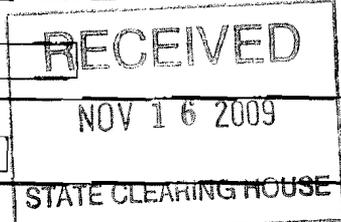
- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]



\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

B. APPLICANT INFORMATION:

\* a. Legal Name:

University of San Diego

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

95-2544535

\* c. Organizational DUNS:

064467962

d. Address:

\* Street1:

5998 Alcalá Park

Street2:

[Empty field]

\* City:

San Diego

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92131

e. Organizational Unit:

Department Name:

MARS

Division Name:

Arts and Sciences

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

Prefix:

[Empty field]

\* First Name:

Traci

Middle Name:

[Empty field]

\* Last Name:

Merrill

Suffix:

[Empty field]

Title:

Interim Director, Sponsored Programs

Organizational Affiliation:

[Empty field]

\* Telephone Number:

619-260-6825

Fax Number:

619-260-2225

\* Email:

tmerrill@sandiego.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:**

0: Private Institution of Higher Education

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.463

**CFDA Title:**

Habitat Conservation

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

NOAA-NMFS-HCPO-2010-2001951

**\* Title:**

NOAA Coral Reef Conservation Grant Program/General Coral Reef Conservation Grants

**13. Competition Identification Number:**

2151009

**Title:**

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

USVI

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

A comparative analysis of sedimentation and water quality in mangrove, shore, bay and reef environments below a developed vs. an undeveloped watershed, St. John, US Virgin Islands.

Attach supporting documents as specified in agency instructions.

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

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-053

\* b. Program/Project VI

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 07/01/2010

\* b. End Date: 12/31/2011

## 18. Estimated Funding (\$):

* a. Federal	49,999.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	50,350.00
* f. Program Income	0.00
* g. TOTAL	100,349.00

## \* 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 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: Traci

Middle Name:

\* Last Name: Merrill

Suffix:

\* Title: Interim Director, Sponsored Programs

\* Telephone Number: 619-260-6825 Fax Number: 619-260-2225

\* Email: tmerrill@sandiego.edu

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

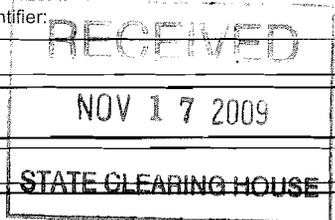
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 11/16/2009	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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State Use Only:

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

\* a. Legal Name: Tuolumne River Preservation Trust

* b. Employer/Taxpayer Identification Number (EIN/TIN): 942634151	* c. Organizational DUNS: 840996730
--	--

d. Address:

* Street1:	829 13th St.
Street2:	_____
* City:	Modesto
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95354

e. Organizational Unit:

Department Name: _____	Division Name: _____
---------------------------	-------------------------

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

Prefix: Mr.	* First Name: Jesse
Middle Name: _____	
* Last Name: Roseman	
Suffix: _____	

Title: Central Valley Program Director

Organizational Affiliation:  
\_\_\_\_\_

* Telephone Number: 209-236-0330	Fax Number: 209-236-0311
----------------------------------	--------------------------

\* Email: jesse.roseman@tuolumne.org

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Commerce

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

11.463

CFDA Title:

Habitat Conservation

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

NOAA-NMFS-HCPO-2010-2002086

\* Title:

2010 Open Rivers Initiative

**13. Competition Identification Number:**

2162060

Title:

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

The project site is a dam located in California, within the Tuolumne River, beside the central valley town of Modesto, in Stanislaus County, just west of the 9th Street Bridge.

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

ENGINEERING DESIGN AND CONSTRUCTION FOR THE REMOVAL OF DENNETT DAM

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-018

\* b. Program/Project CA-018

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

17. Proposed Project:

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

\* b. End Date: 05/31/2012

18. Estimated Funding (\$):

* a. Federal	850,322.00
* b. Applicant	0.00
* c. State	75,791.00
* d. Local	0.00
* e. Other	4,061.00
* f. Program Income	0.00
* g. TOTAL	930,174.00

\* 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 11/17/2009 .
- 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 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: Jesse  
Middle Name:  
\* Last Name: Roseman  
Suffix:

\* Title: Central Valley Program Director

\* Telephone Number: 209-236-0330 Fax Number: 209-236-0311

\* Email: jesse.roseman@tuolumne.org

\* Signature of Authorized Representative: Jesse Roseman \* Date Signed: 11/16/2009

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	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: DUCOR COMMUNITY SERVICES DISTRICT		<b>Organizational Unit:</b> Department:		
Organizational DUNS: 605634336		Division:		
<b>Address:</b> Street: P O BOX 187		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Ducor		Prefix: Mr.	First Name: Stan	<b>RECEIVED</b>  NOV 23 2009  STATE CLEARING HOUSE
County: Tulare		Middle Name		
State: Ca	Zip Code 93218	Last Name Carter		
Country: USA		Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0254861		Email: dlong@ocsnet.net		Phone Number (give area code) 559 920-1141
		Fax Number (give area code) 559 783-0838		

**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)  
 G  
 Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 TITLE (Name of Program):    10-760

**9. NAME OF FEDERAL AGENCY:**  
 USDA RURAL DEVELOPMENT

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 NEW REPLACEMENT WELL, PUMP & APPURTENANCES, METERS, LINES, GATE VALVES AND OLD WELL ABANDONMENTS

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 SERVICE AREA - DUCOR, CA

**13. PROPOSED PROJECT**  
 Start Date:    Ending Date:

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant    21    b. Project    21

**15. ESTIMATED FUNDING:**

a. Federal	\$	300,000 <sup>00</sup>
b. Applicant	\$	10,000 <sup>00</sup>
c. State	\$	1,056,913 <sup>00</sup>
d. Local	\$	0 <sup>00</sup>
e. Other	\$	12,000 <sup>00</sup>
f. Program Income	\$	0 <sup>00</sup>
g. TOTAL	\$	1,378,913 <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:  
 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 Stan	Middle Name
Last Name Carter		Suffix
b. Title DCSD Board President		c. Telephone Number (give area code) 559 920-1141
d. Signature of Authorized Representative		e. Date Signed

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application, * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision	*Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		
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: County of Alameda Lead Poisoning Prevention Program		
*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:	
94-6000501	114151025	
*d. Address:		
*Street 1:	2000 Embarcadero Suite 300	
Street 2:		
*City:	Oakland	
County:	Alameda	
*State:	CA	
Province:		
*Country:	USA	
*Zip / Postal Code	94606-5300	
*e. Organizational Unit:		
Department Name:	Division Name:	
Community Development Agency	Lead Poisoning Prevention Program	
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Ms.	*First Name: Maricela
Middle Name:	Narvaez	
*Last Name:	Foster	
Suffix:	RN, PHN, MA	
Title:	Grant Project Director	
Organizational Affiliation:	Program Director of Operations	
*Telephone Number: (510) 567-8294	Fax Number: 510 567-8272	
*Email:	maricela.foster@acgov.org	

RECEIVED

NOV 23 2009

STATE CLEARING HOUSE

## 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:

U.S. Department of Housing and Urban Development

\*11 Catalog of Federal Domestic Assistance Number:

14.901

CEDA Title:

Healthy Homes Demonstration Program

\*12 Funding Opportunity Number:

FR-5300-N-17

\*\*Title:

Healthy Homes Demonstration Program

\*13. Competition Identification Number:

HHD-17

Title:

Healthy Homes Demonstration Program

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

Affected areas are zip codes: 94601, 94606, 94607, 94621, 94702, 94703, 94710, 94541, 94545. Locations are within the cities of Berkeley, Oakland, and Hayward. All cities are in the County of Alameda and the State of California.

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

The goal of this project is to demonstrate that an improvement in the health status and prevention of injuries in children and older adults will result by combining an approach of education, community empowerment and low cost housing interventions.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant:	9	*b. Program/Project: 9
<b>17. Proposed Project:</b>		
*a. Start Date:	02/01/2010	*b. End Date: 01/31/2013
<b>18. Estimated Funding (\$):</b>		
*a. Federal	\$875,000.00	
*b. Applicant	\$436,768.00	
*c. State		
*d. Local		
*e. Other	\$145,940.00	
*f. Program Income		
*g. TOTAL	\$1,457,708.00	
<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 <u>11/20/2009</u> <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: Mark
Middle Name:		
*Last Name:	Allen	
Suffix:		
*Title:	Program Director	
*Telephone Number:	(510) 567-8287	Fax Number: (510) 567-8272
*Email:	mark.allen@acgov.org	
*Signature of Authorized Representative:		*Date Signed: 11/20/2009

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

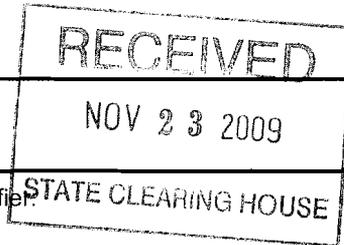
- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

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



3. Date Received:

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: Rural Community Assistance Corporaton

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
942512284

\*c. Organizational DUNS:  
093587368

**d. Address:**

\*Street 1: 3120 Freeboard Drive, Suite 201  
Street 2: \_\_\_\_\_  
\*City: West Sacramento  
County: Yolo  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code 95691

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Julia  
Middle Name: \_\_\_\_\_  
\*Last Name: Helmreich  
Suffix: \_\_\_\_\_

Title: Corporate Development Manager

Organizational Affiliation:

\*Telephone Number: 916/447-2584

Fax Number: 916/447-2878

\*Email: juliah@rcac.org

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

**U.S. Department of Housing and Urban Development**

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

14.901 \_\_\_\_\_

CFDA Title:

Healthy Homes Demonstration Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

FR5300-N-17 \_\_\_\_\_

\*Title:

Healthy Homes Demonstration Program. \_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

**Gonzales, California and the Salinas Valley, California.**

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

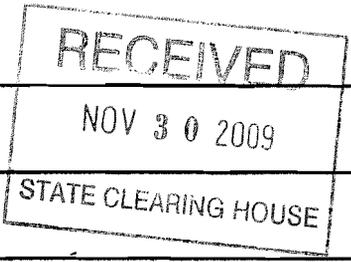
RCAC's Healthy Homes Application.



**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	*Other (Specify) _____	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation		
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision		



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

5a. Federal Entity Identifier: B-09-UC-06-0503	*5b. Federal Award Identifier:
---	--------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\*a. Legal Name: County of San Bernardino

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748	*c. Organizational DUNS: 009241659
--	---------------------------------------

**d. Address:**

\*Street 1: 290 North "D" Street, Sixth Floor

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

\*City: San Bernardino

County: San Bernardino

\*State: CA

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

\*Country: US

\*Zip / Postal Code 92415-0040

**e. Organizational Unit:**

Department Name: Department of Community Development and Housing	Division Name: Community Development
---	---

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

Prefix: Mr. \*First Name: Mitch

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

\*Last Name: Slagerman

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

Title: Director

Organizational Affiliation:

\*Telephone Number: (909) 388-0808 Fax Number: (909) 388-0858

\*Email: mslagerman@cdh.sbcounty.gov

**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 Housing and Urban Development

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

14-218 \_\_\_\_\_

CFDA Title:

CDBG Entitlement Program \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Unincorporated San Bernardino County and 12 cooperating cities.

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

2009-10 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, public services, housing preservation and economic development.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 25, 26, 41, 42, 43

\*b. Program/Project: 25, 26, 41, 42, 43

**17. Proposed Project:**

\*a. Start Date: 7/1/2009

\*b. End Date: 6/30/2010

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

*a. Federal	_____	6,954,623
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	850,000
*g. TOTAL	_____	7,804,623

**\*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 6/1/09
- 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: Mr. \_\_\_\_\_ \*First Name: Gary \_\_\_\_\_  
Middle Name: C. \_\_\_\_\_  
\*Last Name: Ovitt \_\_\_\_\_  
Suffix: \_\_\_\_\_

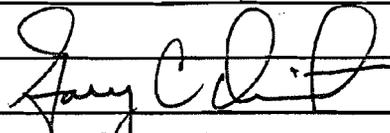
\*Title: Chairman, County Board of Supervisors

\*Telephone Number: (909) 387-4866

Fax Number: (909) 387-8903

\* Email: govitt@bos.sbcounty.gov

\*Signature of Authorized Representative:



\*Date Signed: 5/1/09

Authorized for Local Reproduction

County Counsel  
Approved 4-25-09  
By [Signature]  
Deputy

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