Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2010.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
NOV 16 2010
STATE CLEARING HOUSE

* 3. Date Received: 11/16/2010

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: California Lutheran University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2962604

* c. Organizational DUNS: 009680471

d. Address:

* Street1: 60 West Olsen Road
Street2:
* City: Thousand Oaks
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91360

e. Organizational Unit:

Department Name: Chemistry Department

Division Name: Science

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

Prefix: Dr.
* First Name: Grady
Middle Name:
* Last Name: Hanrahan
Suffix:

Title: Associate Professor of Chemistry

Organizational Affiliation: California Lutheran University

* Telephone Number: 805-493-3269
Fax Number: 805-493-3392

* Email: ghanraha@clunet.edu

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2011-P3-Q1

* Title:

8th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

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

Ventura County, California

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

Development of an Autonomous "Smart" Sensor Platform for Monitoring Bioavailable Metal Contaminants in Wastewater Effluent

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-024
* b. Program/Project: CA-024

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/15/2011
* b. End Date: 08/14/2012

18. Estimated Funding ($):

* a. Federal	14,097.00
* b. Applicant	7,574.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	21,671.00

*** 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 11/16/2010.

[ ] 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: Ms. * First Name: Marsha

Middle Name:

* Last Name: Anderson

Suffix: MBA

* Title: Director, Sponsored Research

* Telephone Number: 805-493-3743 Fax Number: 805-493-3456

* Email: mpanders@clunet.edu

* Signature of Authorized Representative: Marsha Anderson * Date Signed: 11/16/2010

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:
4. Applicant Identifier:
Completed by grants.gov upon submission.

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CA-600

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Los Angeles Homeless Services Authority (LAHSA)

*b. Employer/Taxpayer Identification Number (EIN/TIN): 954498834

*c. Organizational DUNS: 837100361

d. Address:

*Street 1: 811 Wilshire Blvd, 6th Floor
Street 2:
*City: Los Angeles
County:
*State: California
Province:
*Country: USA: United States
*Zip / Postal Code 90017

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
*First Name: Helen
Middle Name:
*Last Name: Lee
Suffix:

Title: Funding Manager

Organizational Affiliation:
Los Angeles Homeless Services Authority

*Telephone Number: 213-683-3333
Fax Number: 213-892-0093

*Email: hlee@lahsa.org or snofa@lahsa.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:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)
Joint Powers Authority

***10 Name of Federal Agency:**
Department of Housing and Urban Development, Office of Community Planning and Development

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:
Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

FR-5415-N-17

*Title:
Notice of Funding Opportunity Available for Continuum of Care (CoC) Homeless Assistance Programs

13. Competition Identification Number:

N/A

Title:

N/A

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

Los Angeles City and County

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

FY2010 SuperNOFA Application for the Los Angeles Continuum of Care

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 34 *b. Program/Project: See Attachment.

17. Proposed Project:

*a. Start Date: 1/1/2011 *b. End Date: 12/31/2011

18. Estimated Funding ($):

*a. Federal	$23,822,117.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$23,822,117.00

***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 9/21/10

☐ 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: G. Michael

Middle Name:

*Last Name: Arnold

Suffix:

*Title: Executive Director

*Telephone Number: 213-683-3333 Fax Number: 213-892-0093

* Email: marnold@lahsa.org

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

*Date Signed: Completed by Grants. gov upon submission.

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

5. APPLICANT INFORMATION

Legal Name: City of Biggs

Organizational DUNS: 082101346

Address:
Street: 3016 Sixth St.
City: Biggs
County: Butte
State: CA
Zip Code: 95917
Country: USA

Organizational Unit:
Department: Public Works
Division: Engineering

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr.
First Name: David
Middle Name
Last Name: Swartz
Suffix:
Email: swartz@cecusa.net
Phone Number (give area code): 530-751-0952
Fax Number (give area code): 530-751-0953

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000300

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 - Municipality
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-780
TITLE (Name of Program): Community Facilities Loans and Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Biggs Community Hall Project, converting the old Veteran's Hall into the new City Hall and Community Center.

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

13. PROPOSED PROJECT
Start Date: June, 2011
Ending Date: June, 2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 2
b. Project: 2

15. ESTIMATED FUNDING:

a. Federal	$ 442,000.00
b. Applicant	$ 5,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 447,000.00

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: 11/17/10
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: Peter
Middle Name: R.
Last Name: Carr
Suffix
b. Title: City Administrator
c. Telephone Number (give area code): 530-868-5493
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:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 2001715

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Mendocino Redwood Company, LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680413122

* c. Organizational DUNS: 019367254

d. Address:

* Street1: 850 Kunzler Ranch Road
Street2: P.O. Box 489
* City: Ukiah
County: Mendocino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95463

e. Organizational Unit:

Department Name: Watershed / Fisheries

Division Name: Hydrology

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

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

Title: Hydrologist

Organizational Affiliation:

* Telephone Number: 707-895-9655
Fax Number: 707-895-3314

* Email: kvodopals@mendoco.com

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:

Q: For-Profit Organization (Other than Small Business)

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-2011-2002644

* Title:

2011 Open Rivers Initiative

13. Competition Identification Number:

2195294

Title:

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

Area (approximately 1 acre) at the confluence of Bull Team Gulch and East Branch North Fork Big River. Site is located on Mendocino Redwood Company property.

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

Replace a 60-inch culvert, currently a complete barrier to fish passage, with a bridge that will allow for upstream passage of juvenile and adult salmonids.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/02/2012
* b. End Date: 07/02/2012

18. Estimated Funding ($):

* a. Federal	199,469.00
* b. Applicant	215,234.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	414,703.00

*** 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 11/17/2010.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Hydrologist

* Telephone Number: 707-895-9655
Fax Number: 707-895-3314

* Email: kvodopals@mendoco.com

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 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: Mendocino Redwood Company, LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680413122

* c. Organizational DUNS: 019367254

d. Address:

* Street1: 850 Kunzler Ranch Road
Street2: P.O. Box 489
* City: Ukiah
County: Mendocino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95482

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: Kirk

Middle Name:

* Last Name: Vodopals

Suffix:

Title: Hydrologist

Organizational Affiliation:

* Telephone Number: 707-895-9655

Fax Number: 707-895-3314

* Email: kvodopals@mendoco.com

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:

Q: For-Profit Organization (Other than Small Business)

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-2011-2002644

* Title:

2011 Open Rivers Initiative

13. Competition Identification Number:

2195294

Title:

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

Area (approximately 1 acre) at the confluence of Dutch Henry Creek and Little North Fork Navarro River. Site is located at 31.5 mile marker on Masonite Road on Mendocino Redwood Company property.

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

Replace 108-inch culvert with two railcar bridges to improve access to 4.5 miles of Class I habitat and control approximately 16,800 cubic yards of sediment on Dutch Henry Creek. Install large woody

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/02/2012
* b. End Date: 10/15/2012

18. Estimated Funding ($):

* a. Federal	335,019.00
* b. Applicant	385,057.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	720,076.00

*** 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 11/17/2010.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Hydrologist

* Telephone Number: 707-895-9655
Fax Number: 707-895-3314

* Email: kvodopals@mendoco.com

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application	Pre-application	2. DATE SUBMITTED	Applicant Identifier
☐ Construction	☑ Construction	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY SEP 20 2010	Federal Identifier 04-032-0408068830

5. APPLICANT INFORMATION

Legal Name: Quincy Community Services District	Organizational Unit:
Organizational DUNS: 105916191	Department: Wastewater Collection
Address:	Division: Wastewater
Street: 900 Spanish Creek Road	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Quincy	Prefix: Mr. / First Name: Larry
County: Plumas	Middle Name
State: CA / Zip Code 95971	Last Name Sullivan
Country: USA	Suffix:
	Email: larry@quincycsd.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0178601	Phone Number (give area code) (530) 283-0836 / Fax Number (give area code) (530) 283-0638
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision	**7. TYPE OF APPLICANT:** (See back of form for Application Types)
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	G. Special District
Other (specify)	Other (specify)
	9. NAME OF FEDERAL AGENCY: USDA RD
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Collection System Improvement
TITLE (Name of Program):	
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Quincy, CA.	
13. PROPOSED PROJECT	**14. CONGRESSIONAL DISTRICTS OF:**
Start Date: June 2011 / Ending Date: December 2011	a. Applicant 04 / b. Project 04
15. ESTIMATED FUNDING:	**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal $ 3,870,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant $ .00	DATE:
c. State $ .00	
d. Local $ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other $ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income $ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL $ 3,870,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix Mr.	First Name Larry	Middle Name
Last Name Sullivan		Suffix
b. Title General Manager		c. Telephone Number (give area code) (530) 283-0836
d. Signature of Authorized Representative Larry Sullivan		e. Date Signed 9/13/2010

RECEIVED NOV 18 2010 STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	07WRAG0002

RECEIVED
NOV 18 2010
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: University Enterprises, Inc. (on behalf of CSU Sacramento)

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
941337638	0290317960000

d. Address:

* Street1:	6000 J Street
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95819-6063

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:	David
Middle Name:			
* Last Name:	Earwicker		
Suffix:			

Title: Asst VP, Research Admin/Contract Admin

Organizational Affiliation:
California State University, Sacramento

* Telephone Number:	(916) 278-3668	Fax Number:	

* Email: david.earwicker@csus.edu

Application for Federal Assistance SF-424

*** 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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

11WRPA1000

* Title:

USGS Non-Competitive Assistance FY 2011 - Western Region

13. Competition Identification Number:

11WRPA1000

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Cooperative Agreement for Joint Research and Space Occupancy 11-9677-0011

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-005
b. Program/Project: CA-005

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	2,047,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,047,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/18/2010.

[ ] 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 in attachment.)**

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[X] ** I AGREE

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

Authorized Representative:

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

* Title: Asst VP, Research Admin/Contract Admin

* Telephone Number: (916) 278-3668
Fax Number:

* Email: david.earwicker@csus.edu

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

5. APPLICANT INFORMATION

Legal Name: First 5 Del Norte, Children's & Families Commission

Organizational Unit:
Department:
Division:

Organizational DUNS: 133694609

Address:
Street: 494 Pacific Avenue
City: Crescent City
County: Del Norte
State: California
Zip Code: 95531
Country: U.S.A.

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Patricia
Middle Name: Lyn
Last Name: Vernelson
Suffix:
Email: pvernelson@delnortekids.org
Phone Number (give area code): 707-464-5500
Fax Number (give area code): 707-464-5501

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-2254126

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. Special District
Other (specify) Commission/Local government

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-768
TITLE (Name of Program): Community Facilities Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Refinance of the Del Norte Family Resource Center

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

13. PROPOSED PROJECT
Start Date: 1/1/2011
Ending Date: 12/31/2041

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Mike Thomson-District 1
b. Project: Mike Thompson-District 1

15. ESTIMATED FUNDING:

a. Federal	$ 537,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other RCAC	$ 537,000.00
f. Program Income	$ .00
g. TOTAL	$ 1,074,000.00

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: November 18, 2010
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: Patricia
Middle Name: Lyn
Last Name: Vernelson
Suffix:
b. Title: Executive Director
c. Telephone Number (give area code): 707-464-5500
d. Signature of Authorized Representative: Patricia Lyn Vernelson
e. Date Signed: 11/18/2010

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED November 17, 2010	Applicant Identifier 04-040-952750154
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Peoples' Self-Help Housing Corporation

Organizational Unit: Housing Development Department

Address *(give city, county, State, and zip code)*:
3533 Empleo Street
San Luis Obispo, CA 93401

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Sheryl Flores
805-783-4465

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-2750154

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

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Non-Profit w/501C

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
USDA Rural Development (523 Program)

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

TITLE: Section 523 Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Applicant is applying for a Section 523 Technical Assistance Grant to construct 52 mutual self-help single family homes.
San Luis Obispo County - Nipomo & Atascadero, CA
Santa Barbara County - Los Alamos, CA

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
San Luis Obispo County CA and Santa Barbara County CA

13. PROPOSED PROJECT

Start Date	Ending Date
7/1/11	6/30/12

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-023
b. Project: CA-023 and CA-024

15. ESTIMATED FUNDING:

a. Federal	$ 1,378,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,378,000.00

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 11/18/10

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. Type Name of Authorized Representative: Scott Smith	b. Title: Asst. Secretary and Deputy Director	c. Telephone Number: (805) 783-4453
d. Signature of Authorized Representative		e. Date Signed 11/17/10

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

Application for Federal Assistance SF-424 Version 02

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

3. Date Received: 4. Applicant Identifier:

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: Resource Improvement District #1

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1672507

*c. Organizational DUNS: 063021265

d. Address:

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*Street 1: 9126 Shelter Cove Road
Street 2:
*City: Whitethorn
County: Humboldt
*State: California
Province:
*Country: USA
*Zip / Postal Code 95589

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: Richard
Middle Name: --
*Last Name: Culp
Suffix:

Title: General Manager

Organizational Affiliation:

*Telephone Number: 707 986-7447 Fax Number: 707 986-7435

*Email: gm@ shelter cove-ca.gov

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:**

NOAA National Marine Fisheries

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

***12 Funding Opportunity Number:**

NOAA-NMFS- HCPO 2011-2002644

*Title:

2011 Open Riversl

13. Competition Identification Number:

Title:

NOAA National Marine Fisheries Open Rivers Initiative

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

Shelter Cove, Humboldt County, California

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

Telegraph Creek Barrier Removal and Channel Restoration, Implementation Phase

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

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

17. Proposed Project:

*a. Start Date: July 1, 2011 *b. End Date: July 1, 2013

18. Estimated Funding ($):

*a. Federal	500,540
*b. Applicant	95,000
*c. State	104,833
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	700,373

***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 11/17/10

☐ 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: Richard

Middle Name: --

*Last Name: Culp

Suffix:

*Title: General Manager, Resort Improvement District #1

*Telephone Number: 707 986-7447 Fax Number: 707 986-7435

* Email: gm@sheltercove-ca.gov

*Signature of Authorized Representative: *Date Signed: 11/17/10

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 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	CA024

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
CA024	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Housing Authority of the County of San Joaquin

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000760	086161312000

d. Address:

* Street1:	448 S. Center Street
Street2:	
* City:	Stockton
County/Parish:	San Joaquin County
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95203-3426

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Ms.	* First Name:	Barbara
Middle Name:	S.		
* Last Name:	Kauss		
Suffix:			

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STATE CLEARING HOUSE

Title:	Executive Director
Organizational Affiliation:	
* Telephone Number:	209-466-5065
Fax Number:	209-460-5195
* Email:	bkauss@hacsj.com

Application for Federal Assistance SF-424

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

I: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.866

CFDA Title:

Demolition and Revitalization of Severely Distressed Public Housing

*** 12. Funding Opportunity Number:**

FR-5415-N-07

* Title:

HOPE VI Revitalization Grants Program

13. Competition Identification Number:

HOPE6-07

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The Mountain View Revitalization Plan

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 18
b. Program/Project: 18

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2010
* b. End Date: 11/30/2011

18. Estimated Funding ($):

* a. Federal	2,000,000.00
* b. Applicant	22,000,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	21,598,754.00
* f. Program Income	0.00
* g. TOTAL	45,598,754.00

*** 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 11/22/2010

[ ] 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 in attachment.)**

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Barbara

Middle Name: E.

* Last Name: Kauss

Suffix:

* Title: Executive Director

* Telephone Number: 209-466-5365 Fax Number: 209-466-5165

* Email: bkauss@hacsj.com

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

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier CA Department of Food and Agriculture
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8500-0484-CA

1. TYPE OF SUBMISSION:

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

5. APPLICANT INFORMATION

Legal Name: State of California	**Organizational Unit:** Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health & Pest Prevention Services
Address: Street: 1220 N Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Susan
City: Sacramento	Middle Name
County: Sacramento	Last Name Ichiho
State: CA / Zip Code: 95811	Suffix:
Country: USA	Email: sichiho@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): 916-322-3414 / Fax Number (give area code): 916-322-3466

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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)

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-025

TITLE (Name of Program):
Plant and Animal Disease, Pest Control and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Pierce's Disease Control Program/Glassy-winged Sharpshooter

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

13. PROPOSED PROJECT

Start Date:	Ending Date:
10/1/2010	9/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
California	GWSS

15. ESTIMATED FUNDING:

a. Federal	$ 700,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 700,000.00

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

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

DATE:

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

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Authorized Representative

Prefix	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-651-9888
d. Signature of Authorized Representative		e. Date Signed

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received: 4. Application Identifier:

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

RECEIVED
NOV 23 2010
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419

*c. Organizational DUNS: 025986159

d. Address:

*Street1: 21865 Copley Dr.
Street 2:
*City: Diamond Bar
County:
*State: California
Province:
Country: *Zip/ Postal Code: 91765

e. Organizational Unit:

Department Name: Project Director e-mail: pfine@aqmd.gov

Division Name: Science & Technology Advancement

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

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

Title: Financial Analyst

Organizational Affiliation:
South Coast Air Quality Management District

*Telephone Number: 909-396-2780 Fax Number: 909-396-2765

*Email: mleonard@aqmd.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Special District

*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Investigations, Special Purpose Activities to the CCA

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

S103 Research Grant: Ncore

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant 42 *b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: January 1, 2011 *b. End Date: March 31, 2011

18. Estimated Funding ($):

*a. Federal	$66,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$66,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 11-23-10
☐ 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: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100 Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: Barry R. Wallerstein Date Signed:

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By:
Date: 11-19-10