Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16 - 30, 2011.** 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:

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] 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: Studio Air Conditioning, Inc. dba SAC Renewable Energy Research and Development

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
954679942	611539909

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STATE CLEARING HOUSE

d. Address:

* Street1: 5171 N. Douglas Fir Rd. # 6
Street2:
* City: Calabasas
County:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 91302

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: Mark
Middle Name:
* Last Name: Shirk
Suffix:

Title: Principal Investigator

Organizational Affiliation:

* Telephone Number: (818) 222-4143	Fax Number: (818) 222-2092

* Email: mark@studioair.com

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

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 Energy

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 7

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0000595

* Title:

SunShot Concentrating Solar Power (CSP) R&D

13. Competition Identification Number:

Title:

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

City of Calabasas, State of California, County of Los Angeles

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

Concentrating Solar Plant with Cryogenic Co-generation Bottoming Power Cycles for Dry Cooling

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 30th
* b. Program/Project: 30th

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

17. Proposed Project:

* a. Start Date: 04/01/2012
* b. End Date: 04/01/2016

18. Estimated Funding ($):

* a. Federal	2,936,500.00
* b. Applicant	2,936,500.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	5,873,000.00

*** 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 11/21/2011.

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

[ ] c. Program is not covered by E.O. 12372.

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

[ ] Yes [X] No

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

[X] **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Gordon

Middle Name:

* Last Name: Webb

Suffix:

* Title: CEO

* Telephone Number: (818) 222-4143 Fax Number: (818) 222-2092

* Email: gordon@studioair.com

* Signature of Authorized Representative: * Date Signed: 11/21/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED November 21, 2011	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Wheatland	Organizational Unit: Department: Wheatland Police Department
Organizational DUNS: 039800277	Division:
Address: Street: 111 C Street	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Chief; First Name: Allyn
City: Wheatland	Middle Name
County: Yuba	Last Name: Wightman
State: CA; Zip Code: 95692	Suffix:
Country: United States of America	Email: awightman@wheatland.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000452	Phone Number (give area code): (530) 633-2014; Fax Number (give area code): (530) 633-4033

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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) Municipal. Other (specify)
	9. NAME OF FEDERAL AGENCY: Department of Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766. TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Convert recently purchased building into a full services Police Facility
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Wheatland	
13. PROPOSED PROJECT: Start Date: January 1, 2012; Ending Date: June 30, 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-002; b. Project

15. ESTIMATED FUNDING:	
a. Federal	$ 50,000.00
b. Applicant	$ 176,600.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 226,600.00

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: 5-21-2011

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: Allyn	Middle Name
Last Name: Wightman		Suffix
b. Title: Chief of Police		c. Telephone Number (give area code): (530) 633-2014
d. Signature of Authorized Representative		e. Date Signed

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):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
	0595-1597

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: g2 Engineering

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
204490751	609064162

d. Address:

* Street1: 709-A N. Shoreline Blvd
Street2:
* City: Mountain View
County: Santa Clara
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 94043

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: Ben
Middle Name:
* Last Name: Shelef
Suffix:

Title: CEO

Organizational Affiliation:

* Telephone Number:	Fax Number:
(408) 334-2682	(650) 887-2332

* Email: ben@heliocentricSolar.com

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

(The instructions propose "R. Small Business" but this option is not available above.)

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81 0 8 7

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000595

* Title:

SUNSHOT CONCENTRATING SOLAR POWER RESEARCH AND DEVELOPMENT

13. Competition Identification Number:

Title:

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

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

Revolutionary Concentrator Dish Architecture

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-014
* b. Program/Project: CA-014

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

17. Proposed Project:

* a. Start Date: 01/01/2012
* b. End Date: 12/31/2014

18. Estimated Funding ($):

* a. Federal	750,000.00
* b. Applicant	750,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,500,000.00

*** 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 11/22/2011

☐ 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: Ben

Middle Name:

* Last Name: Shelef

Suffix:

* Title: CEO

* Telephone Number: (408) 334-2682 Fax Number: (650) 887-2332

* Email: ben@heliocentricsolar.com

* Signature of Authorized Representative: /BENSHELEF/ * Date Signed: 11/21/2011

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):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:

4. Applicant Identifier: 0595-1668

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: Rhombus Power Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 90 0716854

* c. Organizational DUNS: 968003587

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d. Address:

* Street1: 1555 W. Middlefield Road
Street2: Suite 116
* City: Mountain View
County:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 94043

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Dr.
* First Name: Anshuman
Middle Name:
* Last Name: Roy
Suffix:

Title: CEO

Organizational Affiliation:
Rhombus Power Inc.

* Telephone Number: 650-339-0748
Fax Number:

* Email: anshuman@rhombuspower.com

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81 087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0000595

* Title:

SunShot Concentrating Solar Power (CSP) R&D

13. Competition Identification Number:

Title:

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

Mountain View, CA
Golden, CO

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

Solar Augmentation for Geothermal Power Plants (SoGeo)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-14
* b. Program/Project: CO-07

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

17. Proposed Project:

* a. Start Date: 05/01/12
* b. End Date: 10/31/13

18. Estimated Funding ($):

* a. Federal	$1,000,000
* b. Applicant	$1,000,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$2,000,000

*** 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 11/22/11.

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

[ ] c. Program is not covered by E.O. 12372.

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

[ ] Yes [X] No

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

[X] **** I AGREE**

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

Authorized Representative:

Prefix: Dr. * First Name: Anshuman

Middle Name:

* Last Name: Roy

Suffix:

* Title: CEO

* Telephone Number: 650-339-0748 Fax Number:

* Email: anshuman@rhombuspower.com

* Signature of Authorized Representative: Anshuman Roy * Date Signed: 11/21/2011

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):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify)
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
	0595-1530

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

State Use Only:

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

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8. APPLICANT INFORMATION:

* a. Legal Name: Rhombus Power Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
90 0716854	968003587

d. Address:

* Street1: 1555 W. Middlefield Road
Street2: Suite 116
* City: Mountain View
County:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 94043

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Dr. * First Name: Anshuman
Middle Name:
* Last Name: Roy
Suffix:

Title: CEO

Organizational Affiliation:
Rhombus Power Inc.

* Telephone Number: 650-339-0748 Fax Number:

* Email: anshuman@rhombuspower.com

OMB Number: 4040 0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81 087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0000595

* Title:

SunShot Concentrating Solar Power (CSP) R&D

13. Competition Identification Number:

Title:

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

Mountain View, CA
Golden, CO
Albuquerque, NM

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

High Temperature Metal Liquid Solar Power Plant (Sun-Beam)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-14 * b. Program/Project: CO-07

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

NM-1

17. Proposed Project:

* a. Start Date: 05/01/12 * b. End Date: 04/30/13

18. Estimated Funding ($):

* a. Federal	$1,000,000
* b. Applicant	$1,000,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$2,000,000

*** 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 11/22/11.

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

[ ] c. Program is not covered by E.O. 12372.

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

[ ] Yes [X] No

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

[X] **** I AGREE**

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

Authorized Representative:

Prefix: Dr. * First Name: Anshuman

Middle Name:

* Last Name: Roy

Suffix:

* Title: CEO

* Telephone Number: 650-339-0748 Fax Number:

* Email: anshuman@rhombuspower.com

* Signature of Authorized Representative: Anshuman Roy * Date Signed: 11/21/2011

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

Application for Federal Assistance SF-424

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

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

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

*** Other (Specify):**

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

4. Applicant Identifier:

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5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** City of Weed

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6050409

*** c. Organizational DUNS:** 0049527760000

d. Address:

*** Street1:** 550 Main St.
Street2:
*** City:** Weed
County/Parish:
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 96094-2330

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:** Christy
Middle Name:
*** Last Name:** Cummings Dawson
Suffix:

Title: Program Manager

Organizational Affiliation:

*** Telephone Number:** 530-842-1638
Fax Number: 530-842-2685

*** Email:** christy@siskiyoucounty.org

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*** 12. Funding Opportunity Number:**

EPA-OSWER-OBLR-11-05

*** Title:**

Proposal Guidelines for Brownfields Assessment Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

City of Weed Community Wide Brownfields Assessment

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: 2
b. Program/Project: 2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012
* b. End Date: 10/31/2015

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

*** 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 11/22/2011.

☐ 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 ☒ 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)**

☒ ** 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: Earl
Middle Name:
* Last Name: Wilson
Suffix:

* Title: City Administrator

* Telephone Number: 530-938-5020
Fax Number: 530-938-5096

* Email: wilson@ci.weed.ca.us

* 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 ☐ Construction ☑ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	**2. DATE SUBMITTED** November 15, 2011	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-12-UC-06-0005

5. APPLICANT INFORMATION

Legal Name: County of Sacramento	**Organizational Unit:** Department: Sacramento Housing and Redevelopment Agency
Organizational DUNS: 139400209	Division:
Address: Street: 801 12th Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. First Name: Suzanne
City: Sacramento	Middle Name
County: Sacramento	Last Name Hammer
State: California Zip Code 95814	Suffix:
Country: USA	Email: hammers@saccounty.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 3 3 8 5 8 1 8	Phone Number (give area code) (916) 875-4325 Fax Number (give area code) (916) 874-4343

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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) Municipal Other (specify)
	9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 1 TITLE (Name of Program): Emergency Shelter Grant	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** 2012 Emergency Shelter Grant
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: County of Sacramento	
13. PROPOSED PROJECT Start Date: January 1, 2012 Ending Date: December 31, 2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 354,602.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2011
b. Applicant	$ 0.00	
c. State	$ 242,130.00	
d. Local	$ 45,039.00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ 2,073,965.00	☐ 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	$ 2,715,736.00	☐ 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 Paul	Middle Name G.
Last Name Lake		Suffix
b. Title Department of Human Assistance		c. Telephone Number (give area code) (916) 875-3643
d. Signature of Authorized Representative Paul G. Lake		e. Date Signed 11/7/11

Previous Edition Usable
Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED November 15, 2011	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
☐ Construction ☑ Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-12-MC-06-0003

5. APPLICANT INFORMATION

Legal Name: City of Sacramento	**Organizational Unit:** Department: Sacramento Housing and Redevelopment Agency
Organizational DUNS: 139400514	Division:
Address: Street: 801 12th Street	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. / First Name: Suzanne
City: Sacramento	Middle Name
County: Sacramento	Last Name Hammer
State: California / Zip Code 95814	Suffix:
Country: USA	Email: hammers@saccounty.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 9 4 - 6 0 2 8 2 3 8	Phone Number (give area code) (916) 874-8325 / Fax Number (give area code)
8. TYPE OF APPLICATION: ☐ New ☑ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) Municipal Other (specify) **9. NAME OF FEDERAL AGENCY:** U. S. Department of Housing and Urban Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 2 3 1 TITLE (Name of Program): Emergency Shelter Grant	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** 2012 Emergency Shelter Grant
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Sacramento	
13. PROPOSED PROJECT Start Date: January 1, 2012 / Ending Date: December 31, 2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: 3rd, 4th, 5th, and 11th / b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 352,735.00
b. Applicant	$ 0.00
c. State	$ 242,120.00
d. Local	$ 45,039.00
e. Other	$ 2,073,965.00
f. Program Income	$ 0.00
g. TOTAL	$ 2,713,859.00

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

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

DATE: November 14, 2011

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 Paul	Middle Name G.
Last Name Lake		Suffix
b. Title Director Department of Human Assistance		c. Telephone Number (give area code) (916) 875-3643
d. Signature of Authorized Representative Paul G. Lake		e. Date Signed 11/7/11

RECEIVED NOV 29 2011 STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

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

RECEIVED
NOV 30 2011
STATE CLEARING HOUSE

*3. Date Received:	4. Application Identifier:
11/29/2011	0566-1516

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

RECEIVED
NOV 30 2011
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Soitec Solar Industries LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
27-1090040	96-908-7860

d. Address:

*Street 1: 4250 Excutive Square, Ste. 770
Street 2:
*City: San Diego
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 92037

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: Karl
Middle Name:
*Last Name: Haarburger
Suffix:

Title: Managing Director

Organizational Affiliation:

*Telephone Number: 858-638-0996
Fax Number: 858-638-0986

*Email: haarburger@soitec.com

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

81.087

*12. Funding Opportunity Number: DE-FOA-0000566

*Title: PV Manufacturing Initiative Part 2: SUNPATH (Scaling Up Nascent PC AT Home)

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
SANfab: Module Manufacturing Facility

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-050

*b. Program/Project: CA-041, CA-050, CA-051, CA-052

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

17. Proposed Project:

*a. Start Date: Q42011

*b. End Date: Q1 2014

18. Estimated Funding ($):

*a. Federal	$25,000,000.00
*b. Applicant	$115,490,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$140,490,000.00

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

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

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix:

*First Name: Karl

Middle Name: Friedrich

*Last Name: Haarburger

Suffix:

*Title: Managing Director

*Telephone Number: 8586380996

Fax Number: 858-638-098

*Email: haarburger@soitec.com

*Signature of Authorized Representative:

Date Signed:

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

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)

RECEIVED
NOV 30 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Livingston

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000360

*c. Organizational DUNS: 159904762

d. Address:

*Street1: 1314 C Street
Street 2:
*City: Livingston
County: Merced
*State: California
Province:
Country: United States of America
*Zip/ Postal Code: 95334

e. Organizational Unit:

Department Name: City Administrator

Division Name:

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

Prefix: Mr.
First Name: Jose
Middle Name: Antonio
*Last Name: Ramirez
Suffix:

Title: City Manager

Organizational Affiliation:

City of Livingston

*Telephone Number: (209)394-8041 ext. 113
Fax Number: (209) 394-1751

*Email: citymanager@livingstoncity

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: C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

*12. Funding Opportunity Number: EPA-OSWER-OBLR-11-05

*Title: Proposal Guidelines for Brownfields Assessment Grants

13. Competition Identification Number:

Title:

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

City of Livingston, California

*15. Descriptive Title of Applicant's Project:

Lvingston Community Wide Hazardous Substances and Petroleum Pollution Assessments

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 CA 18 *b. Program/Project: CA 18

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

17. Proposed Project:

*a. Start Date: Julyn 1, 2012 *b. End Date: June 30, 2015

18. Estimated Funding ($):

*a. Federal	$400,000.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$400,000.00

***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 11/28/2011
☐ 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: Jose

Middle Name: Antonio

*Last Name: Ramirez

Suffix:

*Title: City Manager

*Telephone Number: (209) 384-8041 ext 113 Fax Number: (209) 394-1715

*Email: citymanager@livingstoncity.com

*Signature of Authorized Representative: Jose A Ramirez Date Signed: 11/28/2011

912-3235 18 Please provide a confirmation fax to: 858-638-0986

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

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

RECEIVED
NOV 30 2011
STATE CLEARING HOUSE

*3. Date Received:	4. Application Identifier:
11/29/2011	0566-1516

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: Soitec Solar Industries LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
27-1090040	96-908-7860

d. Address:

*Street1: 4250 Executive Square, Ste. 770
Street 2:
*City: San Diego
County:
*State: California
Province:
Country: *Zip/ Postal Code: 92037

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: Karl
Middle Name: Friedrich
*Last Name: Haarburger
Suffix:

Title: Managing Director

Organizational Affiliation:

*Telephone Number: 858-638-0996 Fax Number: 858-638-0986

*Email: haarburger@soitec.com

OMB Number: 4040-0004
Expiration Date: 01/31/2012

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

81.087

*12. Funding Opportunity Number: DE-FOA-0000566

*Title: PV Manufacturing Initiative Part 2: SUNPATH

13. Competition Identification Number:

Title:

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

Southwestern US and San Diego

*15. Descriptive Title of Applicant's Project:

SANfab: Module Manufacturing Facility

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-050

*b. Program/Project: CA-041, CA-050, CA-051, CA-052

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*b. End Date: Q1 2014

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*b. Applicant	$115,490,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$140,490,000.00

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☐ 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: Karl

Middle Name: Friedrich

*Last Name: Haarburger

Suffix:

*Title: Managing Director

*Telephone Number: 8586380996

Fax Number: 858-638-098

*Email: haarburger@soitec.com

*Signature of Authorized Representative:

Date Signed: