

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16 - 30, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF ASSISTANCE: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 18, 2013	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Dept. of Public Works
 Organizational Unit: Transit Operations

Name and telephone number of person to be contacted on matters involving this application (give area code):
 Lisa Chen
 (626) 458-5935

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-8000927 STATE CLEARING HOUSE

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

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

8. TYPE OF APPLICATION:

New Continuation Revision

9. NUMBER, 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:
Federal Transportation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of 3 Alternative Fuel Vehicles

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

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF: Janice Hahn

Start Date: 4/1/14 Ending Date: 12/1/15

a. Applicant: L.A. County Dept. of Public Works
 b. Project: Purchase of 3 Alternative Fuel Transit Vehicles

15. ESTIMATED FUNDING:

a. Federal	\$ 262,500 ⁰⁰
b. Applicant	\$ 112,500 ⁰⁰
c. State	\$ ⁰⁰
d. Local	\$ ⁰⁰
e. Other	\$ ⁰⁰
f. Program Income	\$ ⁰⁰
g. TOTAL	\$ 375,000 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 11/18/13

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: John Walker
 b. Title: Assistant Deputy Director
 c. Telephone Number: (626) 458-3900

d. Signature of Authorized Representative: *John Walker*
 e. Date Signed: 11/13/13

Application for Federal Assistance SF-424

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

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: 5b. Federal Award Identifier: **STATE CLEARING HOUSE**

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State Use Only:

6. Date Received by State: 7. State Application Identifier: **SAI NOT APPLICABLE**

8. APPLICANT INFORMATION:

* a. Legal Name: **FoodLink For Tulare County**

* b. Employer/Taxpayer Identification Number (EIN/TIN): **94255880**

* c. Organizational DUNS: **556092377**

d. Address:

* Street 1: **7477 West Sunnyview Avenue**

* Street 2: **P O BOX 1544**

* City: **Visalia**

* County/Parish: **Tulare**

* State: **California**

* Country: **USA: UNITED STATES**

* Zip / Postal Code: **98391**

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: **Sandy**

Middle Name:

* Last Name: **Beale**

Suffix:

Title: **Executive Director**

Organizational Affiliation: **FoodLink for Tulare County**

* Telephone Number: **(559) 651-3663** Fax Number: **(559) 651-2569**

* Email: **sandy@foodlinkrc.org**

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Non-Profit Organization

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facility Loan

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Tulare County

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Purchase/Rehab

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-22

* b. Program/Project CA-22

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

[Empty text box for additional districts]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 01-01-2014

* b. End Date: 06-01-2014

18. Estimated Funding (\$):

* a. Federal	\$800,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$800,000.00

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

If "Yes, provide explanation and attach.

[Empty text box for explanation]

Add Attachments

Delete Attachments

View Attachments

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: Sandy
 Middle Name: []
 * Last Name: Beale
 Suffix: []

* Title: []

* Telephone Number: (559) 651-3663 Fax Number: (559) 651-2569

* Email: sandyb@foodlinkto.org

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

<p>* 1.a. Type of Submission:</p> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other <p>* Other (specify)</p>		<p>* 1.b. Frequency:</p> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <p>* Other (specify)</p>		<p>* 1.d. Version:</p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <p>* 2. Date Received:</p> <p>Completed by Grants.gov upon submission.</p>	
		<p>3. Applicant Identifier:</p> <p>B04206</p>		<p>STATE USE ONLY:</p> <p>5. Date Received by State:</p>	
		<p>4a. Federal Entity Identifier:</p>		<p>6. State Application Identifier:</p>	
		<p>4b. Federal Award Identifier:</p>			
<p>1.c. Consolidated Application/Plan/Funding Request?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					

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7. APPLICANT INFORMATION:

<p>* a. Legal Name:</p> <p>Applied Research Associates, Inc.</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>85-0276434</p>	<p>* c. Organizational DUNS:</p> <p>0979676080000</p>
<p>d. Address:</p> <p>* Street1:</p> <p>4300 San Mateo Blvd., NE #A-220</p> <p>* City:</p> <p>Albuquerque</p> <p>* State:</p> <p>NM: New Mexico</p> <p>* Country:</p> <p>USA: UNITED STATES</p>	
<p>* Street2:</p> <p>* County:</p> <p>* Province:</p> <p>* Zip / Postal Code:</p> <p>87110</p>	
<p>e. Organizational Unit:</p> <p>Department Name:</p> <p>Division Name:</p> <p>Southwest Division</p>	
<p>f. Name and contact information of person to be contacted on matters involving this submission:</p> <p>Prefix: Ms. * First Name: Virginia Middle Name:</p> <p>* Last Name: Phan Suffix:</p> <p>Title: Staff Engineer</p> <p>Organizational Affiliation:</p> <p>* Telephone Number: 650-397-5380 Fax Number:</p> <p>* Email: vphan@ara.com</p>	

OMB Number: 4140-0002
Expiration Date: 03/31/2014

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

For-Profit Organization (Other than Small Business)

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-018

b. Program/Project:

CA-006

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

ARAAttachment:CongressionalDi

13. FUNDING PERIOD:

a. Start Date:

04/01/2014

b. End Date:

06/30/2017

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

3,884,430.00

b. Match (\$):

993,349.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 11/27/2013

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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 assurance** 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 219, Section 1002)

** I Agree

** This 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:

Katherine

Middle Name:

D.

* Last Name:

Daniels

Suffix:

* Title:

Vice President, Contracts

Organizational Affiliation:

* Telephone Number:

505-881-8074

* Fax Number:

505-883-3673

* Email:

kdaniels@ara.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.