

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2004**. 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.

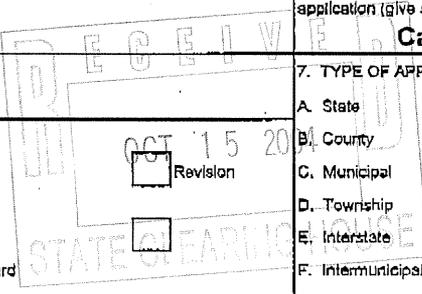
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 13, 2004	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-97-B Amendment #2														
		8. APPLICANT INFORMATION															
Legal Name: STATE OF CALIFORNIA Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Organizational Unit: Department of Fish and Game Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter): A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #2 to Motorboat Access Enhancement Project for Lake Nacimiento South Shore Public Access. Requesting an extension due to delays in construction. No change in costs.															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Luis Obispo		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: 22															
13. PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Start Date</td> <td style="width: 80%;">Ending Date</td> </tr> <tr> <td style="text-align: center;">10/01/01</td> <td style="text-align: center;">05/01/05</td> </tr> </table>		Start Date	Ending Date	10/01/01	05/01/05	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: 10-15-04 b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
Start Date	Ending Date																
10/01/01	05/01/05																
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 80%; text-align: right;">\$1,765,362.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$588,454.00</td> </tr> <tr> <td>d. Local</td> <td></td> </tr> <tr> <td>e. Other</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$2,353,816.00</td> </tr> </table>		a. Federal	\$1,765,362.00	b. Applicant		c. State	\$588,454.00	d. Local		e. Other		f. Program Income		g. TOTAL	\$2,353,816.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? _____ Yes. If "Yes", attach an explanation X No	
a. Federal	\$1,765,362.00																
b. Applicant																	
c. State	\$588,454.00																
d. Local																	
e. Other																	
f. Program Income																	
g. TOTAL	\$2,353,816.00																
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. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633														
d. Signature of Authorized Representative 		e. Date Signed 10/14/04															
Approved for the Secretary of the Interior Signature		Title:	Date														

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. D348-D043

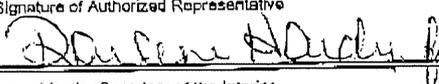
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 13, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-104-B Amendment #4
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit Department of Fish and Game	
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>): A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University K. Individual L. Profit Organization M. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Shasta County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #4 - Motorboat Access Enhancement Project for Turtle Bay Boat Ramp. Request for agreement period extension. No changes in funding.	
13. PROPOSED PROJECT: Start Date: 12/14/2000 Ending Date: 12/31/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: 2	
15. ESTIMATED FUNDING: a. Federal: \$209,085.00 b. Applicant: c. State: \$69,695.00 d. Local: e. Other: f. Program Income: g. TOTAL: \$278,780.00		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: <u>10-15-04</u> b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> 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.			
9. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative <i>Renee Renwick</i>		e. Date Signed 10/14/04	
Approved for the Secretary of the Interior Signature		Title:	Date

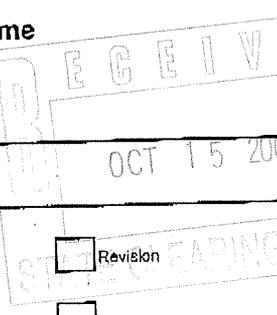


APPLICATION FOR FEDERAL ASSISTANCE

<p>1. TYPE OF SUBMISSION:</p> <p><i>Application</i> <input type="checkbox"/> <i>Pre-application</i> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction</p>		<p>2. DATE SUBMITTED October 13, 2004</p> <p>3. DATE RECEIVED BY STATE</p> <p>4. DATE RECEIVED BY FEDERAL AGENCY</p> <p>Federal Identifier F-107-B Amendment #2</p>															
<p>5. APPLICANT INFORMATION</p> <p>Legal Name: STATE OF CALIFORNIA</p> <p>Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814</p>		<p>Organizational Unit Department of Fish and Game</p> <p>Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559</p>															
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<p>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act</p>		<p>9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service</p>															
<p>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Solano County</p>		<p>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for the West Ninth Street Boat Launching Facility. Request for agreement period extension. No changes in funding.</p>															
<p>13. PROPOSED PROJECT:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Start Date</th> <th style="width:50%;">Ending Date</th> </tr> <tr> <td style="text-align:center;">7/16/2001</td> <td style="text-align:center;">12/31/2005</td> </tr> </table>		Start Date	Ending Date	7/16/2001	12/31/2005	<p>14. CONGRESSIONAL DISTRICTS OF:</p> <p>a. Applicant 3 b. Project 7</p>											
Start Date	Ending Date																
7/16/2001	12/31/2005																
<p>15. ESTIMATED FUNDING:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Federal</td> <td style="width:50%; text-align:right;">\$327,228.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> </tr> <tr> <td>c. State</td> <td style="text-align:right;">\$109,076.00</td> </tr> <tr> <td>d. Local</td> <td></td> </tr> <tr> <td>e. Other</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align:right;">\$436,304.00</td> </tr> </table>		a. Federal	\$327,228.00	b. Applicant		c. State	\$109,076.00	d. Local		e. Other		f. Program Income		g. TOTAL	\$436,304.00	<p>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>10-15-04</u></p> <p>b. NO. ___ PROGRAM IS NOT COVERED BY E.O. 12372 ___ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>	
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<p>17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ___ Yes If "Yes", attach an explanation X No</p>		<p>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.</p>															
<p>a. Typed Name of Authorized Representative Renee Renwick</p>		<p>b. Title: Deputy Director, Admin.</p>															
<p>c. Telephone Number (916) 653-4633</p>		<p>d. Signature of Authorized Representative <i>Renee Renwick</i></p>															
<p>e. Date Signed 10/14/04</p>		<p>Approved for the Secretary of the Interior</p>															
<p>Signature</p>		<p>Title: Date</p>															

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> <u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> <u>Pre-application</u> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 13, 2004		Applicant Identifier														
		3. DATE RECEIVED BY STATE		State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier														
				F-108-B Amendment #2														
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Legal Name: STATE OF CALIFORNIA Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Organizational Unit: Department of Fish and Game Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559															
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter): A A. State H. Independent School Dist. B. County I. State Controlled Instruction of Higher Learning C. Municipal J. Private University D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Other (Specify) G. Special District															
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Sacramento County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for Amend. #2 to the City of Isleton Public Access, Isleton. Request for agreement period extension. No changes in funding.															
13. PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">Ending Date</td> </tr> <tr> <td>3/15/2002</td> <td>5/1/2005</td> </tr> </table>			Start Date	Ending Date	3/15/2002	5/1/2005	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 3											
Start Date	Ending Date																	
3/15/2002	5/1/2005																	
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Federal</td> <td style="width:50%; text-align: right;">\$494,534.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$164,845.00</td> </tr> <tr> <td>d. Local</td> <td></td> </tr> <tr> <td>e. Other</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$659,379.00</td> </tr> </table>			a. Federal	\$494,534.00	b. Applicant		c. State	\$164,845.00	d. Local		e. Other		f. Program Income		g. TOTAL	\$659,379.00	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: <u>10-15-04</u> b. NO. ___ PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$494,534.00																	
b. Applicant																		
c. State	\$164,845.00																	
d. Local																		
e. Other																		
f. Program Income																		
g. TOTAL	\$659,379.00																	
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a. Typed Name of Authorized Representative Renee Renwick			b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633														
d. Signature of Authorized Representative 				e. Date Signed 10/14/04														
Approved for the Secretary of the Interior Signature			Title:	Date:														



OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application *Pre-application*

Construction Construction

Non-Construction Non-Construction

2. DATE SUBMITTED
October 13, 2004

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier
F-112-B Amendment #1

5. APPLICANT INFORMATION

Legal Name: **STATE OF CALIFORNIA**

Address (give city, county, state and zip code):
**Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814**

Organizational Unit:
Department of Fish and Game

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Carolyn Murata (916) 445-3559

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1697567

8. TYPE OF APPLICATION:

New Continuation Revision

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

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

7. TYPE OF APPLICANT: (enter appropriate letter: A):

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-605

TITLE: **Sport Fish Restoration Act**

9. NAME OF FEDERAL AGENCY:
**U.S. Department of the Interior
U.S. Fish and Wildlife Service**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Fresno County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Motorboat Access Enhancement Project for Amend. #1 to Shaver Lake Boat Launching Facility. Request agreement period extension. No changes in cost.

13. PROPOSED PROJECT:

Start Date	Ending Date
4/10/2003	12/31/2005

15. ESTIMATED FUNDING:	
a. Federal	\$600,450.00
b. Applicant	
c. State	\$200,150.00
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$800,600.00

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	19

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: 10-15-04

b. NO, PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION 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. Typed Name of Authorized Representative: **Renee Renwick**

b. Title: **Deputy Director, Admin.**

c. Telephone Number: **(916) 653-4633**

d. Signature of Authorized Representative: *Renee Renwick*

e. Date Signed: **10/14/04**

Approved for the Secretary of the Interior

Signature

Title:

Date:

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/13/04	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Orick Community Services District		Organizational Unit: Department	
Organizational DUNS: 004972949		Division:	
Address: Street: P.O. Box 224		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Orick		Prefix: Mr.	First Name: Tony
County: Humboldt		Middle Name W	
State: CA		Last Name Shen	
Zip Code 95555	Suffix:		
Country: USA		Email: tshen@co.humboldt.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1556677		Phone Number (give area code) 707-476-4805	Fax Number (give area code) 707-445-7219
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development- Water and Waste Disposal	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a community wastewater collection, treatment and disposal system for Orick	
TITLE (Name of Program): Water and waster disposal loan and grant program			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Orick- Orick Community Services District			
13. PROPOSED PROJECT Start Date: 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 1	
Ending Date: 2007 (est.)		b. Project California District 1	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,030,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/13/04	
b. Applicant	\$ 400,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 4,430,000.00		
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 Ron	Middle Name Lee	
Last Name Barlow		Suffix	
b. Title Chair person		c. Telephone Number (give area code) 707-468-5241	
d. Signature of Authorized Representative <i>Ron Barlow</i>		e. Date Signed 10-12-04	

RECEIVED
 OCT 13 2004
 STATE CLEARING HOUSE

**Application for
Federal Assistance**

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

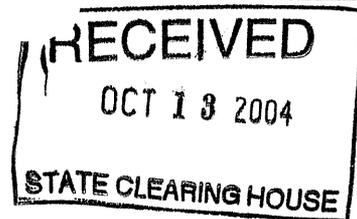
1. Type of Submission

Application

Preapplication

2. Date Submitted 10/12/2004	4. HUD Application Number 129-43030
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 1260 Huntington Drive, Suite 207 B. City: South Pasadena C. County: San Diego C D. State: California E. Zip Code: 91030		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Stevan Shakespeare B. Title: Underwriter C. Phone: (410) 859-5005 D. Fax: (410) 859-5220 E. E-mail: stevan_shakespeare@KeyBank.com	
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appropriate letter in box) M A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: 14---		16. Descriptive Title of Applicant's Program A proposed 97 beds located in 85 units to-be-built healthcare and comprises an area of approximately 1.51 acres.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) San Marcos, San Diego County, California		18a. Proposed Program start date	
18b. Proposed Program end date		19a. Congressional Districts of Applicant	
		19b. Congressional Districts of Program	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 232	100% \$10,512,500								\$10,512,500
Grand Totals									\$10,512,500

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official



Name (printed)

Stevan Shakespeare

Title

Underwriter

Date (mm/dd/yyyy)

10/12/2004

**Application for
Federal Assistance**

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

Application

Preapplication

2. Date Submitted 10/12/2004	4. HUD Application Number 129-43030
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name

9. Address (give city, county, State, and zip code)
 A. Address: 1260 Huntington Drive, Suite 207
 B. City: South Pasadena
 C. County: San Diego
 D. State: California
 E. Zip Code: 91030

8. Organizational Unit

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (Including area codes)
 A. Name: Stevan Shakespeare
 B. Title: Underwriter
 C. Phone: (410) 859-5005
 D. Fax: (410) 859-5220
 E. E-mail: stevan_shakespeare@KeyBank.com

11. Employer Identification Number (EIN) or SSMOCI: 12 2004

12. Type of Applicant (enter appropriate letter in box) **M**

A. State	I. University or College
B. County	J. Indian Tribe
C. Municipal	K. Tribally Designated Housing Entity (TDHE)
D. Township	L. Individual
E. Interstate	M. Profit Organization
F. Intermunicipal	N. Non-profit
G. Special District	O. Public Housing Authority
H. Independent School District	P. Other (Specify)

13. Type of Application
 New Continuation Renewal Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration
 D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency
 U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number
 14 --

Title:
 Component Title:

16. Descriptive Title of Applicant's Program
 A proposed 97 beds located in 85 units to-be-built healthcare and comprises an area of approximately 1.51 acres.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)
 San Marcos, San Diego County, California

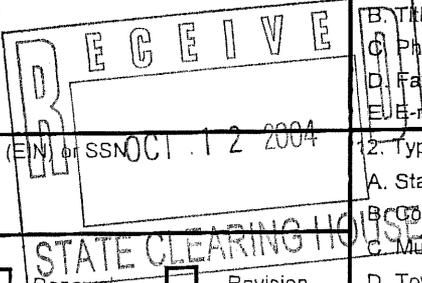
18a. Proposed Program start date
 18b. Proposed Program end date

19a. Congressional Districts of Applicant
 19b. Congressional Districts of Program

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. 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
 Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? No
 Yes If "Yes," explain below or attach an explanation.



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 572-29-6177
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Lheadry L. Powell	Organizational Unit: Department:
Organizational DUNS: n/a	Division:
Address: Street: 1600 E. McMillan St. City: Compton County: Los Angeles State: Ca Zip Code 90221 Country:	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Lheadry Middle Name Leonard Last Name Powell Suffix: Email: sweetjewell@sbcglobal.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code) (310)631-7206	Fax Number (give area code) (310)631-7206
----------------------------------------------------------------	------------------------------------------------	----------------------------------------------

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) individual Other (specify)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

9. NAME OF FEDERAL AGENCY: Department of Housing And Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-770	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Domestic
-------------------------------------------------------------------------------------------------	------------------------------------------------------------------

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

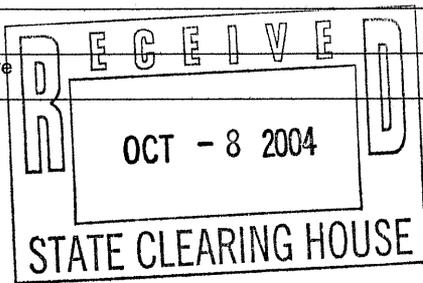
13. PROPOSED PROJECT Start Date: 10/10/04 Ending Date: 02/19/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
------------------------------------------------------------------------------------	----------------------------------------------------------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$.00	

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 Lheadry	Middle Name Leonard
Last Name Powell		Suffix
b. Title		c. Telephone Number (give area code) 310-631-7206
d. Signature of Authorized Representative <i>Lheadry Powell</i>		e. Date Signed 10-5-04

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: County of Kern

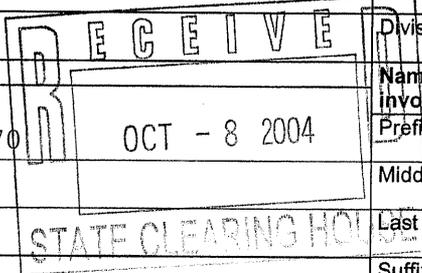
Organizational DUNS: 028389505

Address: 2700 "M" Street, Suite 570
City: Bakersfield
County: Kern
State: CA Zip Code: 93301
Country: USA

Organizational Unit:
Department: Engineering & Survey Services
Division: Engineering

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Gregory
Middle Name: John
Last Name: Fenton
Suffix:

Email: gregf@co.kern.ca.us
Phone Number (give area code): 661-862-5061 Fax Number (give area code): 661-862-5101



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
93-8000925

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) Water & Waste Disposal Loan & Grant Program

7. TYPE OF APPLICANT: (See back of form for Application Types)
County
Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Lost Hills Drainage Improvements
Construction of storm drain system in the community of Lost Hills.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Lost Hills, Kern County

13. PROPOSED PROJECT
Start Date: 8/01/2005 Ending Date: 2/24/2006

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 22 b. Project 20

15. ESTIMATED FUNDING:

a. Federal	\$ 1,401,815	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 1,401,815	.00

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

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

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

a. Authorized Representative

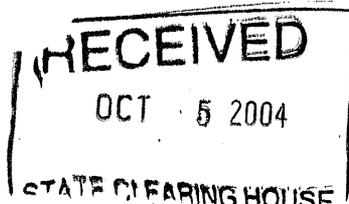
Prefix Mr. First Name Gregory Middle Name John
Last Name Fenton Suffix
b. Title Engineering Manager c. Telephone Number (give area code) 661-862-5061
d. Signature of Authorized Representative *Mary Fante* e. Date Signed 9/29/04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED October 5, 2004	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier E4R5000505
5. APPLICANT INFORMATION				
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department: DEPARTMENT OF INDUSTRIAL RELATIONS		
Organizational DUNS: 807 487772		Division: DIVISION OF OCCUPATIONAL SAFETY AND HEALTH		
Address: Street: 1367 E. Lassen Ave., Suite B-4		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico		Prefix: Mr.	First Name: Stephen	
County: Butte		Middle Name Charles		
State: California		Last Name Hart		
Zip Code 95973		Suffix:		
Country: United States		Email: SHart@dir.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347		Phone Number (give area code) (530) 895-6938	Fax Number (give area code) (530) 895-6941	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) (A) State Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S.Dept. of Labor, MSHA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Mine Safety and Health Training Grant 17-600		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program to provide mandatory mine safety & health training with small mine operators, mine contractors & mine specific subjects.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide				
13. PROPOSED PROJECT Start Date: 10/1/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
Ending Date: 9/30/05				
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	325,801	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 5, 2004	
b. Applicant	\$	220,211	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	546,012	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Stephen		Middle Name Charles	
Last Name Hart			Suffix	
b. Title Principal Engineer			c. Telephone Number (give area code) (530) 895-6938	
d. Signature of Authorized Representative <i>Stephen C Hart</i>			e. Date Signed 10/5/04	

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



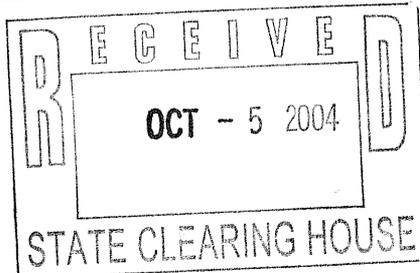
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 29, 2004	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: BEACON (Beach Erosion Authority for Clean Oceans and Nourishment)		Organizational Unit: Department:	
Organizational DUNS: 169598439		Division:	
Address: Street: P.O. Box 99 (501 Poli Street)		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Ventura		Prefix: Mr.	First Name: Gerald
County: Ventura		Middle Name	
State: California		Last Name Cornali	
Zip Code 93002-0099	Suffix:		
Country: U.S.		Email: gerald@com3consulting.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0567953		Phone Number (give area code) 805/962-0488	Fax Number (give area code) 805/962-5209
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) (N.) Joint Powers Authority: Santa Barbara and Ventura Counties Other (specify) and Cities of Goleta, Santa Barbara, Carpinteria, Ventura and Oxnard	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Landscape Characterization and Restoration 11-473		9. NAME OF FEDERAL AGENCY: Department of Commerce, NOAA, Coastal Services Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Barbara, Ventura, Los Angeles, Orange, and San Diego Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Characterization and Decision Support Tool Development for Regional Sediment Management along the Southern California Coast	
13. PROPOSED PROJECT Start Date: 03/01/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 24	
Ending Date: 03/01/07		b. Project 23,24,30,36,44,46-50, 53	
15. ESTIMATED FUNDING: a. Federal \$ 300,000.00 b. Applicant \$.00 c. State \$ 50,000.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 350,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 09/29/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Brian	Middle Name	
Last Name Brennan		Suffix	
b. Title Chair, BEACON		c. Telephone Number (give area code) 805/654-7827	
d. Signature of Authorized Representative <i>Brian Brennan</i>		e. Date Signed 9/27/04	

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



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Oct. 4, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
5. APPLICANT INFORMATION			4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier
Legal Name: Opening Doors Inc.		Organizational Unit: Department: NA	
Organizational DUNS: 94-176-3922		Division: Sacramento Center for New Americans	
Address: Street: 2118 K Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Maurine
County: Sacramento		Middle Name NA	
State: CA		Last Name Huang	
Zip Code 95816		Suffix: Ph.D.	
Country: USA		Email: maurine@openingdoorsinc.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-1417129		Phone Number (give area code) (916) 492-2591	Fax Number (give area code) (916) 492-2628
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Standing Announcement Category 2, Unanticipated Arrivals		9. NAME OF FEDERAL AGENCY: Office of Refugee Resettlement	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County, West Placer County, East Yolo County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project Healthy Community	
13. PROPOSED PROJECT Start Date: 1/1/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th	
Ending Date: 5/31/06		b. Project 3rd, 4th, 5th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 205,064	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/4/04	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation.	
f. Program Income	\$	<input checked="" type="checkbox"/> No	
g. TOTAL	\$ 205,064	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 Ms.	First Name Maurine	Middle Name NA	
Last Name Huang		Suffix Ph.D.	
b. Title President/CEO		c. Telephone Number (give area code) (916) 492-2591	
d. Signature of Authorized Representative <i>Maurine Huang</i>		e. Date Signed 10/4/04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 09/10/04	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Orange County Transportation Authority		Organizational Unit: Department: Strategic Planning	
Organizational DUNS: 15-3947840		Division: Transportation Analysis	
Address: Street: PO Box 14184 550 South Main Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Orange		Prefix: Mrs.	First Name: Destin
County: Orange		Middle Name R.	
State: California		Last Name Blais	
Zip Code 92863-1584		Suffix:	
Country: USA		Email: dblais@octa.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-3947940		Phone Number (give area code) (714) 560-5367	Fax Number (give area code) (714) 560-5795
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Transit Planning and Research 20-514		9. NAME OF FEDERAL AGENCY: Department of Transportation/Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County and Riverside County (both located in California)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Orange County and the State Route 91 Corridor Web-based, multimodal trip planning demonstration proposal	
13. PROPOSED PROJECT Start Date: Summer 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 40	
Ending Date: Summer 2007		b. Project 40, 42, 44, 47, 48	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,080,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 8, 2004	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 442,172 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰	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.	
g. TOTAL	\$ 1,522,172 ⁰⁰	a. Authorized Representative	
Prefix Mr.		First Name Arthur	Middle Name T.
Last Name Leahy		Suffix	
b. Title Chief Executive Officer		c. Telephone Number (give area code) (714) 560-5861	
d. Signature of Authorized Representative <i>Arthur T. Leahy</i>		e. Date Signed September 8, 2004	

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

**APPLICATION FOR
FEDERAL ASSISTANCE**

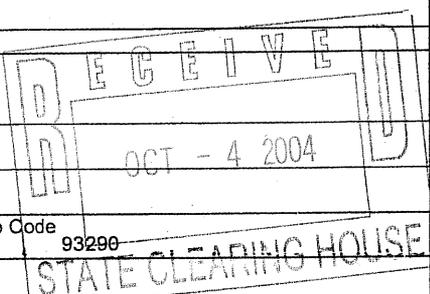
OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Frank R. Howard Foundation		Organizational Unit:	
Address (give city, county, State, and zip code): 44 Madrone Street, Mendocino County Willits, CA 95490		Name and telephone number of person to be contacted on matters involving this application (give area code) Thomas Herman (707) 459-4518 Donald Kayon (608) 218-6450	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1196197		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		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) <u>Non-Operating Private Foundation</u>	
		9. NAME OF FEDERAL AGENCY: USDA, Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loan		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement 25-bed Critical Access Hospital - to comply with seismic standards	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Willits, Covelo, & Laytonville in Mendocino County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 01 - Thompson	
Start Date 2/11/04	Ending Date 12/31/07	a. Applicant Frank R. Howard Foundation	b. Project Frank R. Howard Memorial Hospital
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 19,885,700 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/24/04	
b. Applicant	\$ 7,046,800 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ 5,000,000 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 31,932,500 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> 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 Margie Handley		b. Title President	c. Telephone Number (707) 459-6874
d. Signature of Authorized Representative 		e. Date Signed 9-29-04	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED July 30, 2004	Applicant Identifier
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Self-Help Enterprises		Organizational Unit: Department:	
Organizational DUNS: 056179906		Division:	
Address: Street: P.O. Box 6520 City: Visalia County: Tulare County State: CA Zip Code: 93290 Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Susan Middle Name: Last Name: Atkins Suffix: Email: susana@selfhelpenterprises.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1592676	Phone Number (give area code): (559) 651-1000 ext. 696 Fax Number (give area code): (559) 651-3634
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) <input type="checkbox"/> Not for Profit Organization Other (specify):
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-441	9. NAME OF FEDERAL AGENCY: USDA Rural Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 502 eligil areas of Kings, Kern, Fresno, Madera, Merced, Tulare & Stanislaus Co.	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Homebuyer education; post-occupancy education and 502 delinquency counseling for unincorporated areas of seven counties in the San Joaquin Valley.
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13. PROPOSED PROJECT Start Date: 1/1/05 Ending Date: 12/31/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 18, 19, 20, 21, 22
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

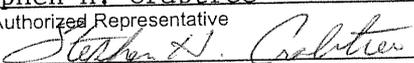
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>100,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td>55,000⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>155,000⁰⁰</td></tr> </table>	a. Federal	\$	100,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	55,000 ⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	155,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 2, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	100,000 ⁰⁰																				
b. Applicant	\$	⁰⁰																				
c. State	\$	⁰⁰																				
d. Local	\$	⁰⁰																				
e. Other	\$	55,000 ⁰⁰																				
f. Program Income	\$	⁰⁰																				
g. TOTAL	\$	155,000 ⁰⁰																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

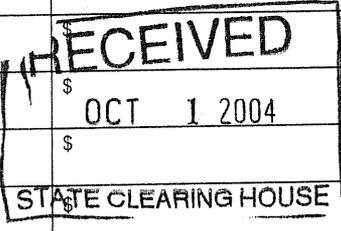
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name Peter	Middle Name N.
Last Name Carey		Suffix
b. Title President \ CEO		c. Telephone Number (give area code) (559) 651-1000
d. Signature of Authorized Representative		e. Date Signed 7-20-04

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-28-04	Applicant Identifier 95-3814898
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 9-27-04	Federal Identifier 04-033-953814898
5. APPLICANT INFORMATION			
Legal Name: Coachella Valley Housing Coalition		Organizational Unit: USDA Rural Development	
Address (give city, county, State, and zip code): 45701 Monroe Street Indio, Riverside, California 92201		Name and telephone number of person to be contacted on matters involving this application (give area code) Steve Crabtree (760) 342-4624	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3814898		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> 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) <u>Non Profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-768 TITLE: Business & Industry loan guarantee		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Federal Guarantee of Commercial loan to support a non profit organization Loan funds will be used to purchase an office building for the organization.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Indio, Riverside, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11-1-04	Ending Date 2-1-05	a. Applicant 45	b. Project 45
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 866,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>See 183 below</u>	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 866,000		
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 Stephen H. Crabtree		b. Title Rural Development Manager	c. Telephone Number (760) 342-4624
d. Signature of Authorized Representative 		e. Date Signed 9-28-04	



**APPLICATION FOR
FEDERAL ASSISTANCE:**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 16, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 9/17/04		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: COPE Centro Familiar			Organizational Unit:		
Address (give city, county, State, and zip code): P. O. Box 632, Freedom, CA 95019			Name and telephone number of person to be contacted on matters involving this application (give area code) Guadalupe Mendoza, (831) 761-6295		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23 - 7365053			7. TYPE OF APPLICANT: (enter appropriate letter in box) 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) <u>Non-Profit</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es)			9. NAME OF FEDERAL AGENCY:		
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <u>CF Loan Program</u> 110 - 760		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Purchase Trinity Lutheran Church currently being used for childcare</u>			12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant		b. Project	
		17th		17th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	1,400,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	1,400,000			
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 Guadalupe Mendoza		b. Title CEO		c. Telephone Number (831) 761-6295	
d. Signature of Authorized Representative X <i>[Signature]</i>				e. Date Signed 9/16/04	

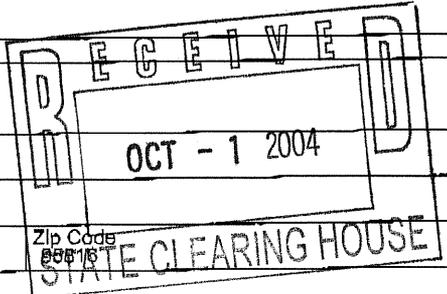
RECEIVED
 OCT 1 2004
 STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED Oct. 4, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Opening Doors Inc.	Organizational Unit: Department: NA
Organizational DUNS: 94-176-3922	Division: Sacramento Center for New Americans
Address: Street: 2118 K Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Maurine
City: Sacramento	Middle Name NA
County: Sacramento	Last Name Huang
State: CA	Suffix: NA
Country: USA	Email: maurine@openingdoorsinc.com



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

37-1417129	Phone Number (give area code) (916) 492-2591	Fax Number (give area code) (916) 492-2628
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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)

O
 Other (specify)

9. NAME OF FEDERAL AGENCY:

Office of Refugee Resettlement

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93-576

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Project Healthy Community

TITLE (Name of Program):

Standing Announcement Category 2, Unanticipated Arrivals

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

Sacramento County, West Placer County, East Yolo County

13. PROPOSED PROJECT

Start Date: 1/1/05	Ending Date: 5/31/06
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 5th	b. Project 3rd, 4th, 5th
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15. ESTIMATED FUNDING:

a. Federal	\$	205,064 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	205,064 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: 10/1/04
 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 Ms.	First Name Maurine	Middle Name NA
Last Name Huang		Suffix NA
b. Title President/CEO		c. Telephone Number (give area code) (916) 492-2591
d. Signature of Authorized Representative		e. Date Signed