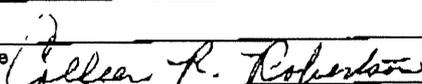


Federal Grant Applications

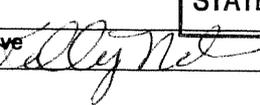
The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can 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: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED OCTOBER 2, 2006		Applicant Identifier															
		3. DATE RECEIVED BY STATE		State Application Identifier															
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier															
5. APPLICANT INFORMATION																			
Legal Name: Lill Valley Water Company, Inc.			Organizational Unit: Department: N/A																
Organizational DUNS: 130611857			Division: N/A																
Address: Street: P.O. Box 283 City: West Point County: Calaveras State: California Zip Code: 95255			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Heinz Middle Name: Heinrich Last Name: Hamann Suffix: None																
Country: United States			Email: Heinz@volcano.net																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8110382			Phone Number (give area code) (209) 217-7691 (Cell)		Fax Number (give area code) (209) 296-5659														
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: 10-780			8. NAME OF FEDERAL AGENCY: USDA Rural Development																
TITLE (Name of Program): Water and Waste Disposal Loan and Grant program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lill Valley Water Company Water System Compliance Project																
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): The community of Lill Valley, located in Calaveras County near West Point			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-03 b. Project CA-03																
13. PROPOSED PROJECT Start Date: April-May 2007 Ending Date: October-November 2007			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: October 1, 2006 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																
16. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td style="text-align: right;">\$ 391,098⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$ 0⁰⁰</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">\$ 328,342⁰⁰</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$ 0⁰⁰</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$ 0⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$ 0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 717,440⁰⁰</td> </tr> </table>			a. Federal	\$ 391,098 ⁰⁰	b. Applicant	\$ 0 ⁰⁰	c. State	\$ 328,342 ⁰⁰	d. Local	\$ 0 ⁰⁰	e. Other	\$ 0 ⁰⁰	f. Program Income	\$ 0 ⁰⁰	g. TOTAL	\$ 717,440 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. Federal	\$ 391,098 ⁰⁰																		
b. Applicant	\$ 0 ⁰⁰																		
c. State	\$ 328,342 ⁰⁰																		
d. Local	\$ 0 ⁰⁰																		
e. Other	\$ 0 ⁰⁰																		
f. Program Income	\$ 0 ⁰⁰																		
g. TOTAL	\$ 717,440 ⁰⁰																		
a. Authorized Representative			Middle Name Roberta																
Prefix Ms.		First Name Colleen		Suffix None															
Last Name Roberson			c. Telephone Number (give area code) (209) 293-7785																
b. Title Company Secretary/Treasurer			e. Date Signed October 1, 2006																
d. Signature of Authorized Representative 																			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 9/03

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 9/28/2006	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: San Mateo County Resource Conservation District		Organizational Unit: Department:			
Organizational DUNS: 137544362		Division:			
Address: 625 Street: Miramontes St., Suite 103		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kellyx			
City: Half Moon Bay		Middle Name Rachel			
County: San Mateo		Last Name Nelson			
State: CA	Zip Code 94019	Suffix: Ms.			
Country: US		Email: kellyx@sanmateorcd.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4] - [6][0][3][6][4][9][1][][][]		Phone Number (give area code) 650/712-7765	Fax Number (give area code) 650/726-0494		
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) G Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community-based Habitat Restoration Project Grants [1][1] - [4][6][3]		9. NAME OF FEDERAL AGENCY: NOAA			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Half Moon Bay		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Creek Restoration in Coastal San Mateo County			
13. PROPOSED PROJECT Start Date: 06/07 Ending Date: 05/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14th b. Project 14th			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 99,756 .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	\$ 19,049 .00	b. No. <input type="checkbox"/>	PROGRAM IS NOT COVERED BY E. O. 12372.		
c. State	\$ 1,000 .00	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 12,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$ 69,267 .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.			
g. TOTAL	\$ 201,072 .00				
a. Authorized Representative Prefix Ms. First Name Kellyx		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">OCT 02 2006</p> <p style="font-size: 14px; margin: 0;">STATE CLEARING HOUSE</p> </div>			
Last Name Nelson					Middle Name Rachel
b. Title Executive Director					Suffix
Email: kellyx@sanmateorcd.org					c. Telephone Number (give area code) 650/712-7765
d. Signature of Authorized Representative 					Fax Number (give area code) 0650/726-0494
		e. Date Signed			

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

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: <input type="checkbox"/> Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): <input type="checkbox"/> Other (Specify) <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 02 2006 STATE CLEARING HOUSE </div>
* 4. Applicant Identifier: <input type="checkbox"/>		* 5b. Federal Award Identifier: <input type="checkbox"/>
5a. Federal Entity Identifier: <input type="checkbox"/>		* 5b. Federal Award Identifier: <input type="checkbox"/>
State Use Only:		
6. Date Received by State: <input type="checkbox"/>		7. State Application Identifier: <input type="checkbox"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: California Public Utilities Commission		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3031353		* c. Organizational DUNS: 947393922
d. Address: * Street1: 505 Van Ness Avenue Street2: * City: San Francisco County: San Francisco * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 94102		
e. Organizational Unit: Department Name: Division Name: CPSPD		
f. Name and contact information of person to be contacted on matters involving this application: Prefix: Mr. * First Name: Raffy Middle Name: * Last Name: Stepanian Suffix: Title: Program Manager, USRB Organizational Affiliation: * Telephone Number: (213) 576-7019 Fax Number: (213) 576-7013 * Email: RST@cpuc.ca.gov		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Pipeline & Hazardous Material Safety Administration

11. Catalog of Federal Domestic Assistance Number:

20.700

CFDA Title:

Pipeline Safety

*** 12. Funding Opportunity Number:**

DOT-PH-PLG-07-001

* Title:

PHMSA Natural Gas 2007 Base Grant

13. Competition Identification Number:

Title:

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

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

California Natural Gas Pipeline Safety Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY SEP 16 2006	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: <i>BROOK TRAILS TOWNSHIP COMMUNITY SERVICES DIST</i>	Organizational Unit: Department:
Organizational DUNS: <i>037641446</i>	Division:
Address: Street: <i>24860 BIRCH ST</i>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <i>MR</i> First Name: <i>MICHAEL</i>
City: <i>Willits</i>	
County: <i>MENDOCINO</i>	Middle Name <i>VERNON</i>
State: <i>CA</i> Zip Code <i>95490</i>	Last Name <i>CHAPMAN</i>
Country: <i>USA</i>	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>99-1707307</i>	Email: <i>btcasd@btcasd.org</i>
	Phone Number (give area code) <i>(707) 459-2494</i> Fax Number (give area code) <i>(707) 459-0358</i>

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OCT 05 2006
STATE CLEARING HOUSE

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) <i>SPECIAL DISTRICT</i> Other (specify)
Other (specify)	9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>70-700</i>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>RESERVOIR SPILLWAY PROJECT</i>
TITLE (Name of Program): <i>WATER AND WASTEWATER LOAN GRANT PROG</i>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>?</i>	

13. PROPOSED PROJECT Start Date: <i>AUG 2007</i> Ending Date: <i>456 mos</i>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>1ST</i> b. Project <i>1ST</i>
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <i>1,500,000.00</i>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ <i>200,000.00</i>	b. No. <input checked="" 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. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ <i>1,700,000.00</i>	

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	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed <i>9-29-06</i>

X

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input 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: Richgrove Community Services District	Organizational Unit: Department:	
Organizational DUNS: 030493568	Division:	
Address: Street: P.O. Box 86	RECEIVED OCT 03 2006 STATE CLEARING HOUSE	
City: Richgrove		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Maria
County: Tulare		Middle Name
State: CA	Zip Code 93261	Last Name Pimental
Country: United States of America		Suffix:
		Email: richgrovecsd@juno.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9 4 - 2 5 3 8 0 0 4

Phone Number (give area code) 661-725-5632	Fax Number (give area code) 661-725-5085
---	---

8. TYPE OF APPLICATION:
 New **Continuation** **Revision**
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 0 - 7 6 0

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Richgrove Wastwater Treatment and Disposal Facilities Improvement Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Community of Richgrove, Tulare County, California

13. PROPOSED PROJECT
Start Date: 12/2006 Ending Date: 9/2007

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

15. ESTIMATED FUNDING:

a. Federal	\$	3,464,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	2,000,000 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	5,464,000 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: September 28, 2006
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 Joey	Middle Name
Last Name Velasquez		Suffix Mr.
b. Title Board President		c. Telephone Number (give area code) 661-725-5632
d. Signature of Authorized Representative 		e. Date Signed 9-27-2006

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 1, 2006	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	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: City of San Joaquin		Organizational Unit: Department: City Manager's Office	
Organizational DUNS:		Division:	
Address: Street: 21900 Colorado Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Joaquin		Prefix: Ms.	First Name: Cruz
County: Fresno		Middle Name	
State: CA		Last Name Ramos	
Zip Code 93660	Suffix:		
Country: United States of America		Email: cruzramos@kermantel.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000418		Phone Number (give area code) (559) 693-4311 ext 18	Fax Number (give area code)
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) Municipal Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA - RUS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of San Joaquin Wastewater Treatment Plant and Pumping Station Expansion Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Joaquin, Fresno County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2002 Congressional Dist. No. 20 b. Project 2002 Congressional Dist. No. 20	
13. PROPOSED PROJECT Start Date: July 2007 Ending Date: October 2007		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: September 29, 2006 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	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 4,000,000 ⁰⁰		
b. Applicant	\$ ⁰⁰		
c. State	\$ 2,000,000 ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 6,000,000 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 Amarpreet	Middle Name	
Last Name Dhaliwal		Suffix	
b. Title Mayor		c. Telephone Number (give area code) (559) 693-4311	
d. Signature of Authorized Representative		e. Date Signed September 29, 2006	

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Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

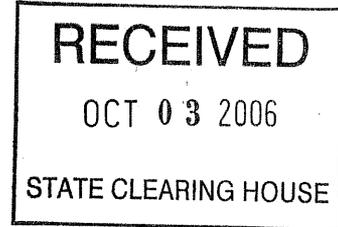
17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="250,000.00"/>
* b. Applicant	<input type="text" value="103,746.00"/>
* c. State	<input type="text" value="400,650.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="754,396.00"/>



*** 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:
 Middle Name:
 * Last Name:
 Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2007-2000736

* Title:

FY2007 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2045996

Title:

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

City of Trinidad, Humboldt County, California

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

Trinidad Harbor Restoration

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

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:

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

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

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:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/29/06 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																					
5. APPLICANT INFORMATION Legal Name: <u>Salyer Community Service Dist.</u> Organizational Unit: _____ Department: _____ Division: _____		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ First Name: <u>Garrett</u> Middle Name: <u>Lewis</u> Last Name: <u>Watty</u> Suffix: _____ Email: <u>glwatty@yahoo.com</u>																						
Address: Street: <u>P.O. Box 503</u> City: <u>Salyer</u> County: <u>Trinity</u> State: <u>CA</u> Zip Code: <u>95563</u> Country: <u>USA</u>		Phone Number (give area code): <u>530 629 2887</u> Fax Number (give area code): _____																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>08-0366003</u>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) <u>Special District</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) (See back of form for description of letters.) Other (specify) _____		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Dev</u>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>First Responder Initiative</u> <u>10-746</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>30x40 one story metal building on a concrete slab.</u>																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Salyer, Trinity, CA</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant _____ b. Project _____																						
13. PROPOSED PROJECT Start Date: <u>When Funded</u> Ending Date: _____		16. 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"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal loan</td> <td>\$</td> <td>55,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other RD Grant</td> <td>\$</td> <td>30,000</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>85,000</td> </tr> </table>		a. Federal loan	\$	55,000	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other RD Grant	\$	30,000	f. Program Income	\$		g. TOTAL	\$	85,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal loan	\$	55,000																						
b. Applicant	\$																							
c. State	\$																							
d. Local	\$																							
e. Other RD Grant	\$	30,000																						
f. Program Income	\$																							
g. TOTAL	\$	85,000																						
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. Authorized Representative Prefix: <u>Mr.</u> First Name: <u>Garrett</u> Middle Name: <u>Lewis</u> Last Name: <u>Watty</u> Suffix: _____		c. Telephone Number (give area code): <u>530 629 2887</u> e. Date Signed: <u>7/24/06</u>																						
b. Title: <u>Chairman Salyer Comm. Service Dist.</u> d. Signature of Authorized Representative: <u>Garrett Watty</u>																								

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <u>Application</u> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED October 2, 2006		Applicant Identifier	
Pre-application Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
				F-	

5. APPLICANT INFORMATION

Legal Name: **State of California**

Organizational DUNS: **808322358**

Address: Street: **1812 Ninth Street** City: **Sacramento** County: **Sacramento** State: **CA** Zip Code: **95814** Country: **US**

Organizational Unit: **Fish and Game**
Department: **Fish and Game**
Division: **Grant Management & Fed. Assistance**

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Prefix: First Name: **Jenny**
Middle Name:
Last Name: **Smith**
Suffix:
E-mail: **jsmith@dfg.ca.gov**

Phone Number (give area code): **(916) 445-3694** FAX Number (give area code): **(916) 327-6320**

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

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State

Other (specify)

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

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

TITLE (Name of Program): **Sport Fish Restoration Act**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Sacramento, San Joaquin, Contra Costa, Marin, Sonoma and Yolo Counties

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sacramento-San Joaquin Estuary Sport Fish Studies

13. PROPOSED PROJECT:

Start Date: **7/1/2006** Ending Date: **6/30/2007**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: **3** b. Project: **2, 3, 6, 10, 11,**

15. ESTIMATED FUNDING:

a. Federal	\$	\$568,379.00
b. Applicant	\$	
c. State	\$	\$189,460.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	\$757,839.00
g. TOTAL	\$	

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: **October 6, 2006**

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. Authorized Representative

Prefix: First Name: **Felix** Middle Name:
Last Name: **Arteaga** Suffix:
b. Title: **Chief, Grant Management & Federal Assistance Unit** c. Telephone Number (give area code): **(916) 327-0062**
d. Signature of Authorized Representative: *Felix L. Arteaga* e. Date Signed: **6 October 2006**

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 type="checkbox"/> Non-Construction	2. DATE SUBMITTED 05/25/2006	Applicant Identifier 06-395
5. APPLICANT INFORMATION Legal Name: East Bay Municipal Utility District			3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 62-015-9012			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Address: Street: 2020 Wake Avenue		City: Oakland	Organizational Unit: Department: Wastewater	
City: Oakland		County: Alameda	Division: Support Services	
State: CA		Zip Code 94607	Name and telephone number of person to be contacted on matters involving this application (give area code)	
Country: USA		Prefix: Mr.		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000590		First Name: Paul		
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.)		Middle Name: John		
Other (specify)		Last Name: Suto		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-808		Suffix:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, San Francisco Bay Area		Email: psuto@ebmud.com		
13. PROPOSED PROJECT Start Date: 10/01/2006 Ending Date: 4/30/2007		Phone Number (give area code) (510)986-7930		
15. ESTIMATED FUNDING:		Fax Number (give area code) (510)287-1712		
a. Federal	\$	50,000	7. TYPE OF APPLICANT: (See back of form for Application Types)	
b. Applicant	\$		G. Special District	
c. State	\$		Other (specify)	
d. Local	\$		9. NAME OF FEDERAL AGENCY: Adrienne Priselac, EPA Region 9	
e. Other	\$		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Investigation of Foodwaste Anaerobic Digestion at Bench-scale	
f. Program Income	\$		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th, California	
g. TOTAL	\$	50,000	b. Project 8th and 9th California	
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.			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: 5/25/2006	
a. Authorized Representative Prefix Mr.			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
First Name Dennis			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
Last Name Diemer			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Title General Manager			c. Telephone Number (give area code) (510)287-0101	
d. Signature of Authorized Representative <i>Dennis M. Diemer</i>			e. Date Signed 6/1/06	

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J.F.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10-11-06	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Erin E. Posey		Organizational Unit: President	
Address (give city, county, State, and zip code): 1301 Skyway Drive Bakersfield, CA 93308		Name and telephone number of person to be contacted on matters involving this application (give area code) Erin E. Posey 661-393-0937	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3831272		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 11 2006 STATE CLEARING HOUSE </div>	
7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> L 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) _____			
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) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Resurface 60,000 sqft of Apron	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kern County, California (Bakersfield)			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Kern County 22	
Start Date 11-1-06	Ending Date 11-15-06	a. Applicant Erin Posey	
15. ESTIMATED FUNDING:		b. Project Resurface existing Apron	
a. Federal	\$ 240,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10-11-06 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	
b. Applicant	\$ 110,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 350,000.00		
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. Type Name of Authorized Representative Erin E. Posey		b. Title President	c. Telephone Number 661-393-0937
d. Signature of Authorized Representative <i>Erin E. Posey</i>		e. Date Signed 10-11-06	

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Application for Federal Assistance

1. Type of Submission Application Application <input type="checkbox"/> Constuction <input checked="" type="checkbox"/> Non-Constuction		2. Date Submitted 20-Sep-06	3. Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date received State	State Application Identifier
		4. Date received by Federal Agency:	Federal Identifier

5. Applicant Information

6. Legal Name: **Peninsula Corridor Joint Powers Board**

Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070	Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476
---	---

6. Employer Identification Number (EIN): **9 4 3152903**

7. Type of Applicant (enter appropriate letter in box) **G**

8. Type of Application
 new continuation Revision
If revision, enter appropriate letter(s) in boxes: **A**
A. Increased Award B. Decreased Award
C. Increase Duration D. Decrease Duration
Other (specify):

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermural
G. Special District
H. Independent School Dst.
I. State Controlled Institution of higher learning.
J. Private University
K. Indian Tribe
L. Profit Insitution
M. Other: MPO

10. Catalog of federal domestic assistance number: **20507**
Section 5307 Program

9. Name of federal Agency:
Federal Transit Administration

12. Areas affected by project:
San Francisco, San Mateo and Santa Clara Counties

11. Descriptive title of applicant project:
FY06 Capital Improvements and Operating Assistance:
The following project has been amended in grant CA-90-Y379

13. Amended Project in Grant
Start Date: **12/31/2006** End Date: **12/31/2009**

Other Scope: Operating Assistance (CMAQ)

15. Estimated Funding for amended projects

a. Federal	\$300,000	14. Congressional Districts of:
b. Applicant		a. Applicant
c. State		8, 12, 13, 14, 15 & 16
d. Local	\$39,000	B. Project
f. Program Income		8, 12, 13, 14, 15 & 16
e. Other		
g. TOTAL	\$339,000	

16. Is application subject to review by state executive 12372 process? **Yes**
a. Yes this preapplication/application was made available to the state executive order 12372 process review on
Date: **10/09/2006**
b. No Program is not covered by E.). 12372
or or program has notbeen selected by state for review

17. Is the applicant delinquent on any federal debt?
 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 assistance is awarded.

a. Typed Name of Authorized Representative Michael J. Scanlon	b. Title Executive Director	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative <i>Michael J. Scanlon</i>		e. Date Signed 10/6/06



Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision * Other (Specify)
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: State of California
5a. Federal Entity Identifier: DOL Mine Safety & Health Admin		* 5b. Federal Award Identifier: E4R6000505
State Use Only:		
6. Date Received by State: 10/11/2006		7. State Application Identifier: DOSH Mining & Tunneling Unit
8. APPLICANT INFORMATION:		
* a. Legal Name: Industrial Relations, CA Dept of		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001347		* c. Organizational DUNS: 083776224
d. Address:		
* Street1: DOSH Mining & Tunneling Unit * Street2: 1367 E. Lassen Ave STE B4 * City: Chlco * County: Butte * State: CA: California * Province: * Country: USA: UNITED STATES * Zip / Postal Code: 95973-7881		RECEIVED OCT 11 2006 STATE CLEARING HOUSE
e. Organizational Unit:		
Department Name: Industrial Relations		Division Name: Occupational Safety & Health
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. * First Name: Stephen Middle Name: Charles * Last Name: Hart Suffix:		
Title: Principal Engineer		
Organizational Affiliation: DOSH Mining & Tunneling Unit		
* Telephone Number: 530-895-6938		Fax Number: 530-895-6941
* Email: SHart@dir.ca.gov		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Mine, Safety and Health Administration

11. Catalog of Federal Domestic Assistance Number:

17.600

CFDA Title:

Mine Health and Safety Grants

*** 12. Funding Opportunity Number:**

2007-1

*** Title:**

Mine Safety and Health Grants

13. Competition Identification Number:

Title:

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

Statewide

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

Program to provide mandatory mine safety & health training to mine operators, mine contractors, and mine specific subjects.
Special focus on small mine operations.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-002

* b. Program/Project CA-002

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2007

18. Estimated Funding (\$):

* a. Federal	326,981.00
* b. Applicant	357,117.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	684,098.00

* 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 10/11/2006

 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

Explanation:

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, 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: Stephen

Middle Name: Charles

* Last Name: Hart

Suffix:

* Title: Principal Engineer

* Telephone Number: 530-895-6938

Fax Number: 530-895-6941

* Email: SHart@dir.ca.gov

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

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

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 10/16/2006 <i>40</i>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Three Rivers Community Services District

Organizational DUNS: **RECEIVED**

Address: P.O. Box 482, City: Three Rivers, County: Tulare, State: CA, Zip Code: 93271

Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Jim Wegley, First Name: Jim Wegley, Middle Name: Last Name: Keller/Wegley Engineering, Suffix: Email: kelweg1@aol.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0100279

7. TYPE OF APPLICANT: (See back of form for Application Types) G

8. TYPE OF APPLICATION: New Continuation Revision

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water system rehabilitation project including replacement of pipelines drilling wells, treatment plant additions and new storage tank.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Three Rivers Community Services District ID#1

13. PROPOSED PROJECT Start Date: 1-2007 Ending Date: 6-2008

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

15. ESTIMATED FUNDING:

a. Federal	\$ 2,181,000
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 2,181,000

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: PROGRAM IS NOT COVERED BY E. O. 12372

b. No 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: Vincent Middle Name: DAVID Last Name: ANDRUS Suffix: Title: President of Board Telephone Number (give area code): 559-361-3480 Signature of Authorized Representative: Vincent David Andrus Date Signed: 10/5/06

ATTACHMENT II - SF 424
Date of form: January 31, 2006

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED October 20, 2006	Applicant Identifier
1. TYPE OF SUBMISSION: Application Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE REC'D BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California, Employment Development Department		Department: Employment Development Department	
Organizational DUNS: 614215631		Division: Fiscal Programs Division	
Address: (Street, City, County, State, Zip Code) 800 Capitol Mall, MIC 20 Sacramento, Sacramento County, CA 95814		Name and telephone number of person to be contacted on matters involving this application (Prefix, First MI, Last) Mr. Steve P. Val, Job Services Budget Manager	
		Email: sval@edd.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94 - 2650401		Phone number (give area code) (916) 654-8514	
8. TYPE OF APPLICATION New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/> If Revision, enter appropriate letter(s) in box(es). (See back of form for description of letters) A <input type="checkbox"/> C <input type="checkbox"/>		7. TYPE OF APPLICANT (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17 801 (DVOP) 17 804 (LVER)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jobs for Veterans State Grants	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc) Statewide		9. NAME OF FEDERAL AGENCY: U.S. Department of Labor / VETS	
13. PROPOSED PROJECT: Start Date: October 1, 2006 Ending Date: September 30, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Sacramento-3 b. Project: Statewide (1-53)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal (total of current funding)	\$16,573,000	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 10/20/2006	
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 APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other (TAP, Approved Special Initiatives)	\$1,569,000	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$18,142,000		
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. Authorized Representative		b. Title	
Prefix Ms.	First Name Laura	Middle Name	
Last Name Anderson		Suffix	
c. Telephone Number (give area code)		e. Date Signed	
Chief, Fiscal Programs Division		(916) 654-8221	
d. Signature of Authorized Representative		10/20/06	

RECEIVED
OCT 13 2006
STATE CLEARING HOUSE