Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **October 16th through 31st, 2002**. 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

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application	Pre-application
[X] Construction	[ ] Construction
[ ] Non-Construction	[ ] Non-Construction

2. DATE SUBMITTED: October 22, 2002

Applicant Identifier:

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier: F-95-B Amendment #3

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit: Department of Fish and Game

Address (give city, county, state and zip code):
CA Department 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

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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 Institution of Higher Learning
J. Private University
L. Individual
M. Profit Organization
N. Other (Specify)

8. TYPE OF APPLICATION:
[ ] New [X] 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):

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.):
Santa Clara County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Amendment #3 to Motorboat Access Enhancement Project for Anderson Lake Boat Launching Facility. Requesting an extension to accommodate project construction. No change in costs.

13. PROPOSED PROJECT:

Start Date	Ending Date
12/03/98	12/31/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
3	16

15. ESTIMATED FUNDING:

a. Federal	$2,303,250.00
b. Applicant	
c. State	$767,750.00
d. Local	
e. Other	
f. Program Income	
g. TOTAL	$3,071,000.00

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: Oct. 31, 2002

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 X 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: Michael F. Harris
b. Title: Deputy Director, Admin.
c. Telephone Number: (916) 653-4633
d. Signature of Authorized Representative: Darlene Hardy for
e. Date Signed: 10/28/02

Approved for the Secretary of the Interior
Signature
Title:
Date

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: August 2, 2002	Applicant Identifier: N/A
3. DATE RECEIVED BY STATE	State Application Identifier: SAI-EXEMPT
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 06-01451

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: California Department of Parks and Recreation

Address (give city, county, State, and zip code): Post Office Box 942896, Sacramento 3150 Sacramento 067, California 06 94296-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): Odel T. King, Jr. (916) 653-8758

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): ☐☐ – ☐☐☐☐☐☐☐

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

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:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
Department of the Interior
National Park Service - Western Region 1443

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 – 916

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Silverwood Lake Dev.
Dept. of Boating and Waterways
2000 Evergreen Street, Suite 100
Sacramento, Ca 95815

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-33434

13. PROPOSED PROJECT

Start Date	Ending Date
10/1/02	6/30/06

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 03 b. Project: 35

15. ESTIMATED FUNDING:

a. Federal	$ 222,309.00
b. Applicant	$ 222,309.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 444,618.00

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 10-30-02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Ruth Coleman	b. Title: Acting, Director, Parks and Recreatio	c. Telephone Number: (916) 653-7423
d. Signature of Authorized Representative: Odel King		e. Date Signed: 8-6-02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Artois Community Services District

Organizational Unit: Water System

Address *(give city, county, State, and zip code)*: P.O. Box 130, Artois, CA 95988

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Jack Cavier Jr. (530-934-5654)

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68 – 0455504

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

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:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

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

TITLE: Water & Waste Dispsal Loans and Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

New well pressure tank, Natural Gas generator, fittings.

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

Artois Community

13. PROPOSED PROJECT

Start Date: 9/03 Ending Date: 8/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

a. Federal Loan Grant	$ $180,000 .00
b. Applicant	$ $20,000 .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 200,000

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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 8/15/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Jack Cavier Jr.	b. Title: Chairman	c. Telephone Number: (530) 934-5654
d. Signature of Authorized Representative: Jack F. Cavier Jr.		e. Date Signed: 9-14-02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

	2. Date Submitted (mm/dd/yyyy) 09/27/02	Applicant Identifier
1. Type of Submission *Application* / *Preapplication* ☒ Construction / ☐ Construction ☐ Non-Construction / ☐ Non-Construction	3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Home Partners, LLC

Organizational Unit: Ownership Entity

Address *(give city, county, state, and zip code)*:
675 North First Street, Suite 620
San Jose, CA 95112

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Maxine Brookner
Phone: 925.606.1600, fax 925.606.1661

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77 – 0481459

7. 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 Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Nonprofit
O. Public Housing Agency
P. Other (Specify)

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other *(specify)*:

9. NAME OF FEDERAL AGENCY:
U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 14.134

TITLE: Mortgage Insurance - Section 232

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
See attached Legal Description and Property Description
104-bed assisted living facility, with Dementia component. Additional funding provided by the Santa Clara RDA. Project has reserved 21 beds as affordable.

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
Santa Clara, Santa Clara County, California

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13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
01/01/03	07/01/04

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

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

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 (mm/dd/yyyy) N/A

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. Typed Name of Authorized Representative Miriam S. Gill	b. Title Senior Mortgage Analyst	c. Telephone number (Include Area Code) 415.733.1552
d. Signature of Authorized Representative		e. Date Signed (mm/dd/yyyy) 9/23/02

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PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
Application ☒ Non-Construction

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS):

3. a. DATE RECEIVED BY STATE:

3.b. STATE APPLICATION IDENTIFIER:

4. a. DATE RECEIVED BY CNS:

4.b. CNS GRANT NUMBER: 02SFPCA007

5. APPLICANT INFORMATION

LEGAL NAME: Fresno County Economic Opportunities Commission

ORGANIZATIONAL UNIT: Foster Grandparent Program

ADDRESS *(give street address, city, county, state and zip code)*:
1920 Mariposa Mall, Suite 330
Fresno, CA 93721
Fresno County

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION *(give area codes)*:

NAME: Victoria Lopes

TELEPHONE NUMBER: (559) 263-1533

FAX NUMBER: (559) 263-1540

INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoeoc.org

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 4 - 1 6 0 6 5 1 9

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 District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Private Non-Profit Organization
O. Other (specify)_____

8. TYPE OF APPLICATION (Check appropriate box):
☒ NEW ☐ CONTINUATION
☐ REVISION

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

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

9. NAME OF FEDERAL AGENCY:
Corporation for National Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
RSVP: 94.002
FGP: 94.011
SCP: 94.016
Senior Demonstration: 94.015
9 4 0 1 1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The Foster Grandparent Program provides volunteer opportunities for 85 low income persons age 60 and over who volunteer 20 hours/week with at-risk youth.

12. AREAS AFFECTED BY PROJECT *(List Cities, Counties, States, etc.)*:
Fresno County California,
Contiguous city in Madera County, California

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13. PROPOSED PROJECT: START DATE: 01/01/03 END DATE: 12/31/05

14. ESTIMATED FUNDING: Year 1 of a Three Year Budget

a. FEDERAL	$	346,359
b. APPLICANT	$	44,163
c. STATE	$	35,059
d. LOCAL	$	26,741
e. OTHER	$	27,742
f. TOTAL	$	480,064

15. 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 25, 2002

b. YES. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES If "Yes," attach an explanation. ☒ NO

17. 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:	b. TITLE:	c. TELEPHONE NUMBER:
Roger Palomino	Executive Director	(559)-263-1012
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: Roger Palomino		e. DATE SIGNED: 9/23/02

Modified Standard Form 424-NSSC (Rev 4/01)

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
11-21-01

Applicant Identifier

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1. TYPE OF SUBMISSION:
Application ☐ Construction ☐ Non-Construction
Preapplication ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICATION INFORMATION

Legal Name
SUPERIOR CALIFORNIA ECONOMIC DEVELOPMENT DISTRICT

Organizational Unit

Address (give city, county, state, and zip code)

737 Auditorium Drive, Suite A
Redding, Shasta County, California 96001

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Robert Nash, Executive Officer
Phone: (530) 225-2760 Fax: (530) 225-2769 E-Mail: bnash@scedd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	3	0	5	1

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

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:
☐ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Commerce
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 ■ 3 0 2

TITLE: Economic Development Support for Planning Organizations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district.

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

Modoc, Shasta, Siskiyou and Trinity Counties in California

13. PROPOSED PROJECT:

Start Date	Ending Date
01-01-03	12-31-03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
2nd (Herger)	2nd (Herger)

15. ESTIMATED FUNDING:

a. Federal	$ 60,000
b. Applicant	$ 20,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 80,000

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 10-8-02

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. Typed Name of Authorized Representative	b. Title	c. Telephone number
Kenneth Humberston	President	(530) 225-2760

d. Signature of Authorized Representative	e. Date Signed
	11-21-02

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: [ ] Construction [ ] Non-Construction; Preapplication: [ ] Construction [X] Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Rural Communities Housing

Organizational Unit:

Address (give city, county, state, and zip code):
237 E. Gobbi
Ukiah, CA. 95482

Name and telephone number of person to be contacted on matters involving this application (give area code)
Duane Hill 707 463 1975 ext. 8

6. EMPLOYER IDENTIFICATION (EIN): 94-2319894

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

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

Non-Profit Housing Corporation

8. TYPE OF APPLICATION: [X] New [ ] Continuation [ ] Revision

If Revision, enter appropriate letter(s) in [ ] [ ]

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

9. NAME OF FEDERAL AGENCY:
U.S. Department of Agriculture
Rural Development Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Communities Facilities Loan

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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)
Ukiah; Mendocino County; California

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
2/1/03	7/31/03	2nd	2nd

15. ESTIMATED FUNDING	
a. Federal	$ 775,000
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. Total	$ 775,000 0.00

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 10/28/02

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 (Attach explanation) [X] 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	b. Title	c. Telephone Number
Duane Hill	Executive Director	707 463 1975 x. 8
d. Signature of Authorized Representative		e. Date Signed 10/22/02

DOT FTA

U.S. Department of Transportation

Federal Transit Administration

Comments Approved

Application for Federal Assistance

Recipient ID:	5448
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT
Project ID:	CA-90-Y165
Budget Number:	1 - Budget Pending Approval
Project Information:	transit planning, capital projects

Part 1: Recipient Information

Project Number:	CA-90-Y165
Recipient ID:	5448
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT
Address:	350 INDUSTRIAL WAY , WOODLAND, CA 95776 0000
Telephone:	(530) 661-0816
Facsimile:	(530) 661-1732

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Union Information

No information found.

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y165
Project Description:	transit planning, capital projects
Recipient Type:	Other Governmental Organization
FTA Project Mgr:	Philoki Barros
Recipient Contact:	Martie Dote
New/Amendment:	None Specified
Amend Reason:	None Specified

Gross Project Cost:	$1,222,703
Adjustment Amt:	$0
Total Eligible Cost:	$1,222,703
Total FTA Amt:	$978,162
Total State Amt:	$0
Total Local Amt:	$244,541
Other Federal Amt:	$0
Special Cond Amt:	$0

Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 31, 2002
Program Page:	.
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	01-Sep-2002
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60000	CALIFORNIA

Congressional Districts

State ID	District Code	District Official
6	3	Doug Ose
6	4	John T Doolittle

Project Details

Using urban formula (Section 5307) funds for YCTD 2002/03 budget year, transit planning (Yolobus service planning), preventive maintenance and capital overhauls, ADA operating assistance, corridor study consultant (four-county study in the I80 corridor for regional rail service), maintenance truck and maintenance facility improvements and equipment, and passenger amenities for various Yolobus stops (shelters, benches and pull-outs).

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
442-00 METROPOLITAN PLANNING	0	$108,162	$135,203
ACTIVITY			

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. Date Submitted (mm/dd/yyyy): 09/27/02

Applicant Identifier

1. Type of Submission

Application	Preapplication
☒ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

3. Date Received by State (mm/dd/yyyy)

State Application Identifier

4. Date Received by Federal Agency (mm/dd/yyyy)

Federal Identifier

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5. APPLICANT INFORMATION

Legal Name: Community Home Partners, LLC

Organizational Unit: Ownership Entity

Address (give city, county, state, and zip code): 675 North First Street, Suite 620, San Jose, CA 95112

Name and telephone number of the person to be contacted on matters involving this application (give area code): Maxine Brookner, Phone: 925.606.1600, fax 925.606.1661

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77 - 0481459

7. 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 Dist.; I. State Controlled Institution of Higher Learning; J. Private University; K. Indian Tribe; L. Individual; M. Profit Organization; N. Nonprofit; O. Public Housing Agency; P. Other (Specify)

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) 14 . 134

TITLE: Mortgage Insurance - Section 232

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
See attached Legal Description and Property Description
104-bed assisted living facility, with Dementia component. Additional funding provided by the Santa Clara RDA. Project has reserved 21 beds as affordable.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara, Santa Clara County, California

13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
01/01/03	07/01/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

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 (mm/dd/yyyy) N/A

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. Typed Name of Authorized Representative: Miriam S. Gill

b. Title: Senior Mortgage Analyst

c. Telephone number (Include Area Code): 415.733.1552

d. Signature of Authorized Representative

e. Date Signed (mm/dd/yyyy): 9/23/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: May 28, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☐ Non-Construction

Preapplication: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of Colusa

Organizational Unit: Migrant Housing

Address *(give city, county, State, and zip code)*: 100 Sunrise blvd., Suite F, Colusa, CA 95932

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Harry A. Krug, 530-458-0580

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94 — 6000508

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

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:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 — 405

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Agricultural Farm Labor Housing

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of Williams, County of Colusa, California

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13. PROPOSED PROJECT

Start Date: 1/1/03 Ending Date: 12/31/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 3 b. Project: 3

15. ESTIMATED FUNDING:

a. Federal	$ 3,000,000.00
b. Applicant	$ 5,000.00
c. State	$ 2,000,000.00
d. Local	$ 400,000.00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 5,405,000.00

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

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

DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: Harry A. Krug	b. Title: Director of Migrant Housing	c. Telephone Number: (530) 458-0580
d. Signature of Authorized Representative: Harry A. Krug		e. Date Signed: 5/28/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application [X] Construction [ ] Non-Construction; Preapplication [ ] Construction [ ] Non-Construction	2. DATE SUBMITTED	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Coachella Valley Water District

Organizational Unit: Stormwater Unit

Address (give city, county, state, and zip code):
Post Office Box 1058
Coachella, California 92236
Riverside County

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Patti Schwartz, Principal Stormwater Engineer
(760) 398-2661 ext. 270

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 – 6 0 0 0 8 2 7

7. TYPE OF APPLICANT: (enter appropriate letter in box) [G]

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:

[X] New [ ] Continuation [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY:
USDA, Natural Resource Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 . 9 0 4

TITLE: Watershed Protection and Flood Prevention

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Oasis Area Drainage Basin
(Description Attached)

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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Oasis area in Riverside County, California

13. PROPOSED PROJECT:

Start Date	Ending Date
n/a	n/a

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
U.S. Representative Mary Bono	U.S. Representative Mary Bono

15. ESTIMATED FUNDING:

a. Federal	$ not yet determined .00
b. Applicant	$ " " " .00
c. State	$ " " " .00
d. Local	$ " " " .00
e. Other	$ " " " .00
f. Program Income	$ " " " .00
g. TOTAL	$ " " " .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. [X] 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	b. Title	c. Telephone number
See Attached Signature Pages	General Manager-Chief Engineer	(760) 398-2651

d. Signature of Authorized Representative: Jim Levy

e. Date Signed: 10/7/02

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

	2. Date Submitted (mm/dd/yyyy) 7/17/02	Applicant Identifier
1. Type of Submission *Application* ☒ Construction ☐ Non-Construction *Preapplication* ☐ Construction ☐ Non-Construction	3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
	4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: SHAMROCK HOLDINGS, LLC

Organizational Unit:

Address *(give city, county, state, and zip code)*:
2115 S. W. SUNSET DRIVE
PORTLAND, OR 97201-2065

Name and telephone number of the person to be contacted on matters involving this application (give area code)
JAMES HAMERNICK, REILLY MORTGAGE GROUP
703-760-4743

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[ ][ ] – [T][B][D][ ][ ][ ][ ]

7. 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 Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Nonprofit
O. Public Housing Agency
P. Other (Specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:
US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: *(xx-yyy)* [1][4] . [1][2][9]

TITLE: Mortgage Insurance - Nursing Homes, Intermediate Care Facilities, Board & Care Homes and Assisted Living Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FHA SECTION 232, NEW CONSTRUCTION
100 Unit Assisted Living Facility

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:
STOCKTON, JOAQUIN COUNTY, CALIFORNIA

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13. PROPOSED PROJECT:

Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
7/15/03	5/15/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
CONGRESSIONAL DISTRICT 11	CONGRESSIONAL DISTRICT 11

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

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 (mm/dd/yyyy) 10/17/02

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. Typed Name of Authorized Representative	b. Title	c. Telephone number (Include Area Code)
JAMES L. HAMERNICK	VICE PRESIDENT	703-760-4743
d. Signature of Authorized Representative James Hamernick		e. Date Signed (mm/dd/yyyy) 10/18/02

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED October 14, 2002	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☑ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: The Regents of the University of California

Organizational Unit: Office of Research

Address *(give city, county, State, and zip code)*: Santa Barbara, Santa Barbara County CA, 93106

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Wilbert Lick (805) 893-4295

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6006145

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

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:

☐ New ☐ Continuation ☑ Revision

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

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

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-469

TITLE: Great Lakes Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sediment Modeling

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12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Santa Barbara, CA & the Great Lakes, Lake Michigan

13. PROPOSED PROJECT

Start Date	Ending Date
10/1/01	9/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 22

b. Project 22

15. ESTIMATED FUNDING:

a. Federal	$ 70,012.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 70,012.00

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 10/11/02

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Karen T. Hanson	Assoc. Dir. Sponsored Projects	(805) 893-3890

d. Signature of Authorized Representative: Karen T. Hanson

e. Date Signed: OCT 14 2002

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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 10/17/02	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- [ ] Construction
- [x] Non-Construction

Preapplication
- [ ] Construction
- [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: Proteus, Inc.

Organizational Unit: Special Programs Dept.

Address *(give city, county, State, and zip code)*:
1830 N. Dinuba Blvd.
Visalia, CA 93291

Name and telephone number of person to be contacted on matters involving this application *(give area code)*
Eddie Jimenez
(559) 733-5423

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-2184330

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

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

8. TYPE OF APPLICATION:

- [x] New
- [ ] Continuation
- [ ] Revision

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

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

9. NAME OF FEDERAL AGENCY: EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-715

TITLE: Childhood Lead Poisoning Prevention Outreach Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Childhood Lead Poisoning Prevention Program

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12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Tulare, Kings, Kern and Fresno counties

13. PROPOSED PROJECT

Start Date	Ending Date
Jan 2003	Dec 2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 18, 19, 20 and 21

b. Project: 18, 19, 20 and 21

15. ESTIMATED FUNDING:

a. Federal	$ 25,000 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 25,000 .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 10/17/02

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. [x] 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	b. Title	c. Telephone Number
Michael E. McCann	Chief Executive Officer	(559) 733-5423

d. Signature of Authorized Representative: Michael E. McCann

e. Date Signed: 10/14/02

DOT

U.S. Department of Transportation

FTA

al Transit Administration

Application for Fede sistance

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Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Project ID:	CA-90-Y189
Budget Number:	1 - Budget Pending Approval
Project Information:	6 30` CNG buses; AVL; prev. mainten

Part 1: Recipient Information

Project Number:	CA-90-Y189
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Address:	4343 Duquesne Avenue , CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6500
Facsimile:	(310) 253-6513

Union Information

Recipient ID:	1647
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION
Address 1:	9770 Culver Boulevard
Address 2:	Post Office Box 507
City:	Culver City, CA 90232 0507
Contact Name:	Fred Deimel
Telephone:	(310) 253-5790
Facsimile:	(310) 253-5785

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y189
Project Description:	6 30` CNG buses; AVL; prev. mainten

Gross Project Cost:	$5,381,000
Adjustment Amt:	$0
Total Eligible Cost:	$5,381,000

Recipient Type:	City
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Andre Colaiace
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Jan. 01, 2003 - Dec. 31, 2003
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Nov. 01, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002
Program Page:	8-11
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Total FTA Amt:	$4,475,000
Total State Amt:	$0
Total Local Amt:	$906,000
Other Federal Amt:	$0
Special Cond Amt:	$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	32	Diane E Watson

Project Details

The City is requesting $1,247,000 in federal assistance for the procurement of 4 (four) replacement 30' CNG buses to replace existing buses in its fleet. The TIP project ID No. is LAOB404.

The funding breakdown for this project is as follows:
FTA Section 5307 $1,247,000
TDA Art IV Capital $192,000
MSRC Local Match $120,000

DRAFT

PART I - FACE SHEET

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID: 038R026622

4. DATE RECEIVED:

GRANT NUMBER: 02SRPCA009

5. APPLICATION INFORMATION

LEGAL NAME: CITY OF OXNARD RECREATION DIV

ADDRESS (give street address, city, state and zip code):
350 North C St
Oxnard CA 93030

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Jo A. Roach
TELEPHONE NUMBER: 805-385-8023
FAX NUMBER: 805-385-7494
INTERNET E-MAIL ADDRESS: joanne.roach@ci.oxnard.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000756

7. TYPE OF APPLICANT:
7a. Local Government - Municipal
7b. Local Government, Municipal

8. TYPE OF APPLICATION:
[ ] NEW [X] CONTINUATION
[ ] REVISION
If Revision, enter appropriate letter(s) in box(es): [ ] [ ]
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Oxnard RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Oxnard, Pt. Hueneme, Camarillo, Ventura, all in west-central Ventura County

13. PROPOSED PROJECT: START DATE: 01/01/03 END DATE: 12/31/03

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	$ 50,788.00	
b. APPLICANT	$ 66,827.00	
c. STATE	$ 0.00	
d. LOCAL	$ 0.00	$ 200
e. OTHER	$ 0.00	61 827
f. PROGRAM INCOME	$ 0.00	
g. TOTAL	$ 117,615.00	

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 18-OCT-02

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES If "Yes," attach an explanation. [X] 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: Jocelyn B. Peterson
b. TITLE: Senior Services Supervisor
c. TELEPHONE NUMBER: 805-385-8019
d. DATE: